

Name
in
Full

Mrs. Lucy Anthony

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Bridgeport	County	MARYLAND		
Date of death	Month	1905	Day	22	Years	74
Sex	Female	Color or Race	White	Birth-place	Dud	
Occupation	House work			Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Husband	David Anthony			2nd
Father's Name	Ludovic Boward			Father's Birthplace	2nd	
Mother's Maiden Name	Nancy Welford			Mother's Birthplace	2nd	
Name of person giving information	Mrs Maggie Dyer			How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary La Grippe How long

Immediate Heart Failure How long 8 hrs.

Are the name, age, sex, color, date and place correctly given above? yes. Signature of Physician

Address

Accident or Suicide?

Dr Scheller

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Barkdoll (M.M.)

CERTIFICATE OF DEATH

Died at

Town
Reids

County
Wash

MARYLAND

Date
of death 1905

Month
11

Day
23

Years
—

Months
—

Days
—

Sex

Male

Color or
Race

white

Birth-
place

Maryland

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Joseph Barkdoll -

Father's
Birthplace

Md. -

Mother's
Maiden Name

Rachael Shanks

Mother's
Birthplace

Md. -

Name of person giving
Information

Joseph Barkdoll -

How related
to deceased

Father

CAUSES OF DEATH

Primary

" Still Born " — S.

How long

1

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

M.P. Miller

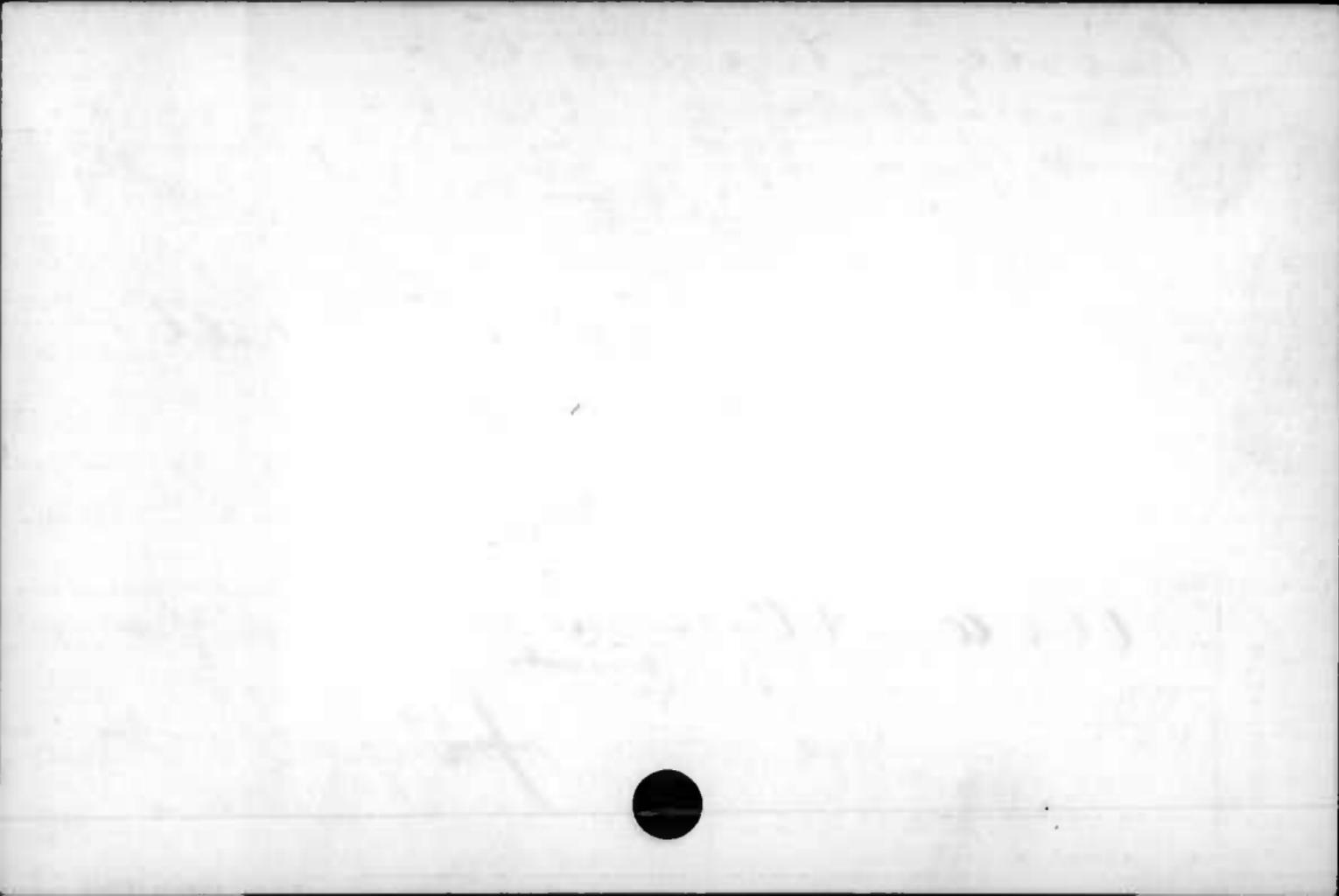
Address

Hagerstown, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

no



Name
in
Full

Rebecca Barkdoll

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Deedee	A Town	County	MARYLAND
Date of death 1905	Month Nov	Day 20	Years 80
Sex Female	Color or Race White	Birth-place	in owing
Occupation Nurse	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Eli Barkdoll	
Father's Name	un owing		
Mother's Maiden Name	un owing	Father's Birthplace	un owing
Name of person giving Information	Daniel Warkoll	Mother's Birthplace	un owing
How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age & Cataract of

How long

2 years

Immediate

General Debility

How long

4 weeks

Are the name, age, sex, color, date and place correctly given above?

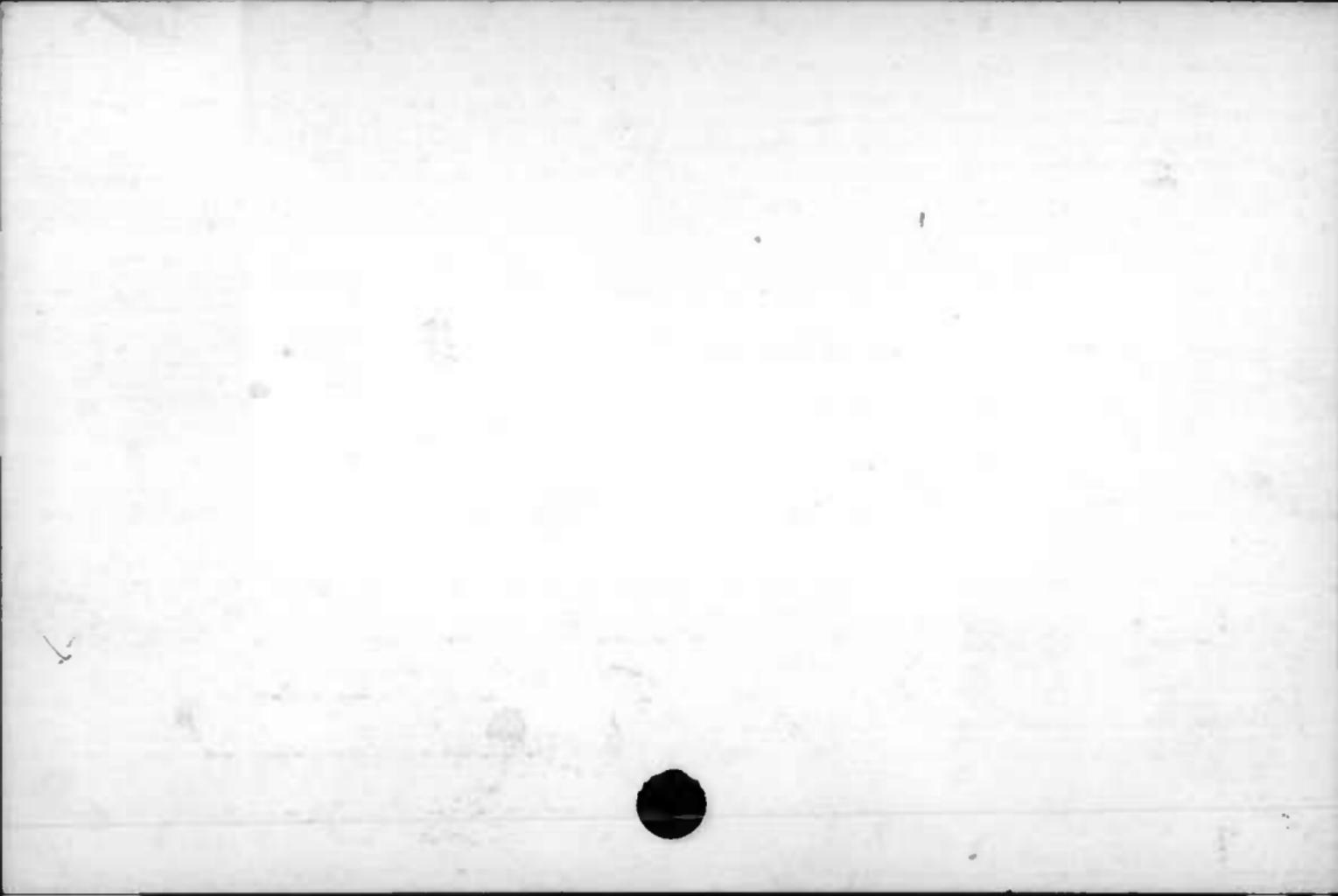
Yes

Signature of Physician

Address

J. T. Larbor
Md.

Accident or Suicide?



Name
in
Full

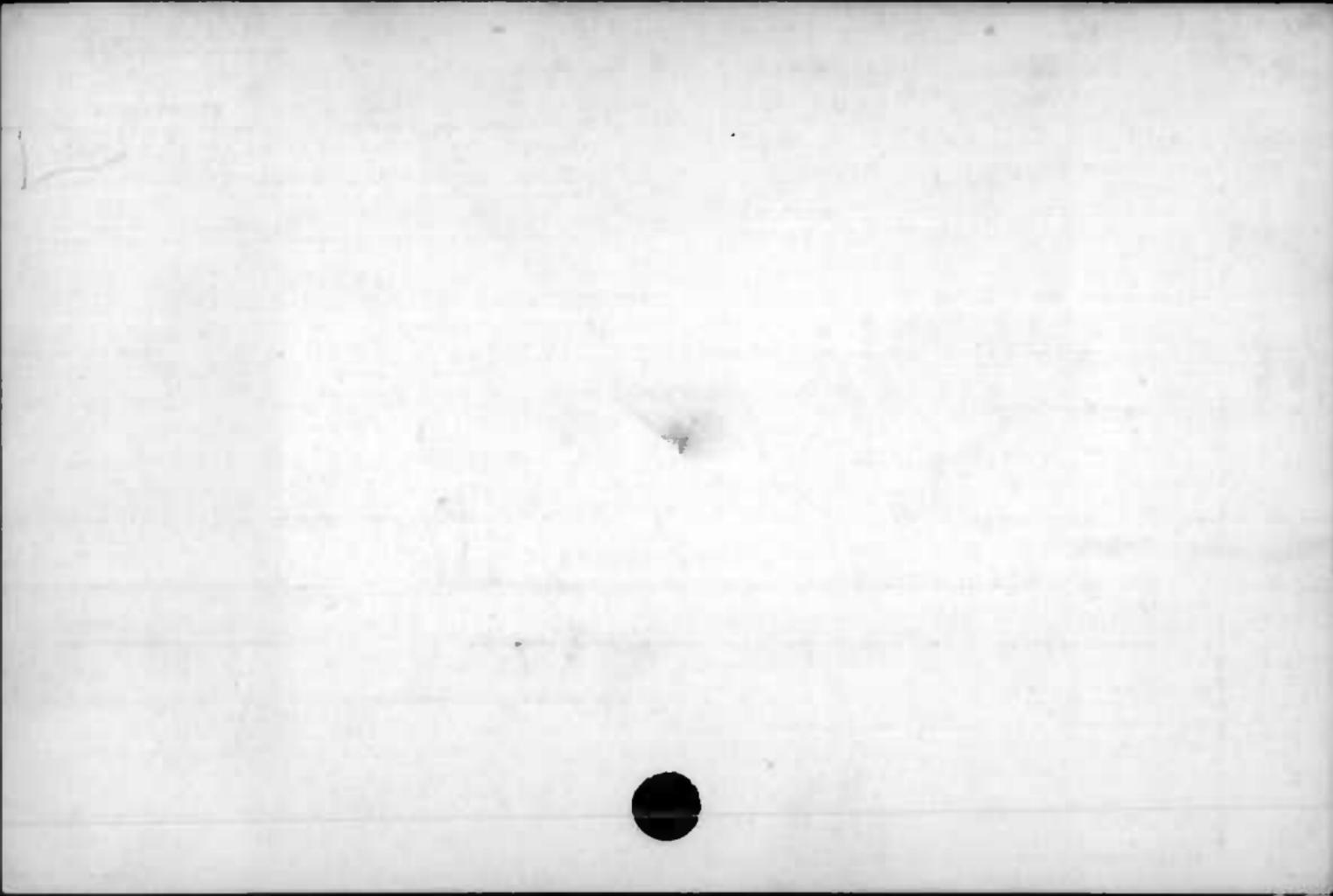
Still Born Child. Edward M. Boward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month Nov.	Day 20	Age —	Months —	Days —	
Sex	Males	Color or Race	whites	Birth-place	Hagerstown		
Occupation			Where Residing if not at place of death	—			
Married, Single or Widowed	—	Name of Wife or Husband		Father's Name	Hagerstown		
Father's Name	Clyde Boward		Mother's Maiden Name		Hagerstown		
Mother's Maiden Name	Beasus Wallace S		Name of person giving information		Father		
CAUSES OF DEATH							
Primary	Still born			How long			
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Address			
Accident or Suicide?		Dr. Magawar, Hagerstown Md					

PHYSICIAN
OR CORONER



Name
in
Full

Ned F Braguerier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Child	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Ned F Braguerier			Father's Birthplace	Md
Mother's Maiden Name	Lillie Clark			Mother's Birthplace	Md
Name of person giving information	Ned Braguerier			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Budgergerism -	(9)	How long	3 months.
Immediate	Bronch Pneumonia	(9)	How long	24 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

M.P. Miller

Address

Hagerstown Md.

Accident or Suicide?

No -

City

Name
in
Full

John H. B. Bridges

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Hancock	Han	sh				
Date of death	Month	Day	Years	Months	Days	
1905	Nov	8	39	1	17	
Sex	Male	Color or Race	White	Birth-place	Hancock Md.	
Occupation	Merchant			Where Residing if not at place of death	Died at Home.	
Married, Single or Widowed	married	Name of Wife or Husband	Elsie Thompson	Father's Birthplace	Hancock Md.	
Father's Name	Robert Bridges			Mother's Birthplace	Morgan Co W Va.	
Mother's Maiden Name	Priscilla Breathed			How related to deceased	Brother.	
Name of person giving information	Llewellyn Bridges					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever & Pyrexia

10 days

Immediate

Intestinal Hemorrhage

4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

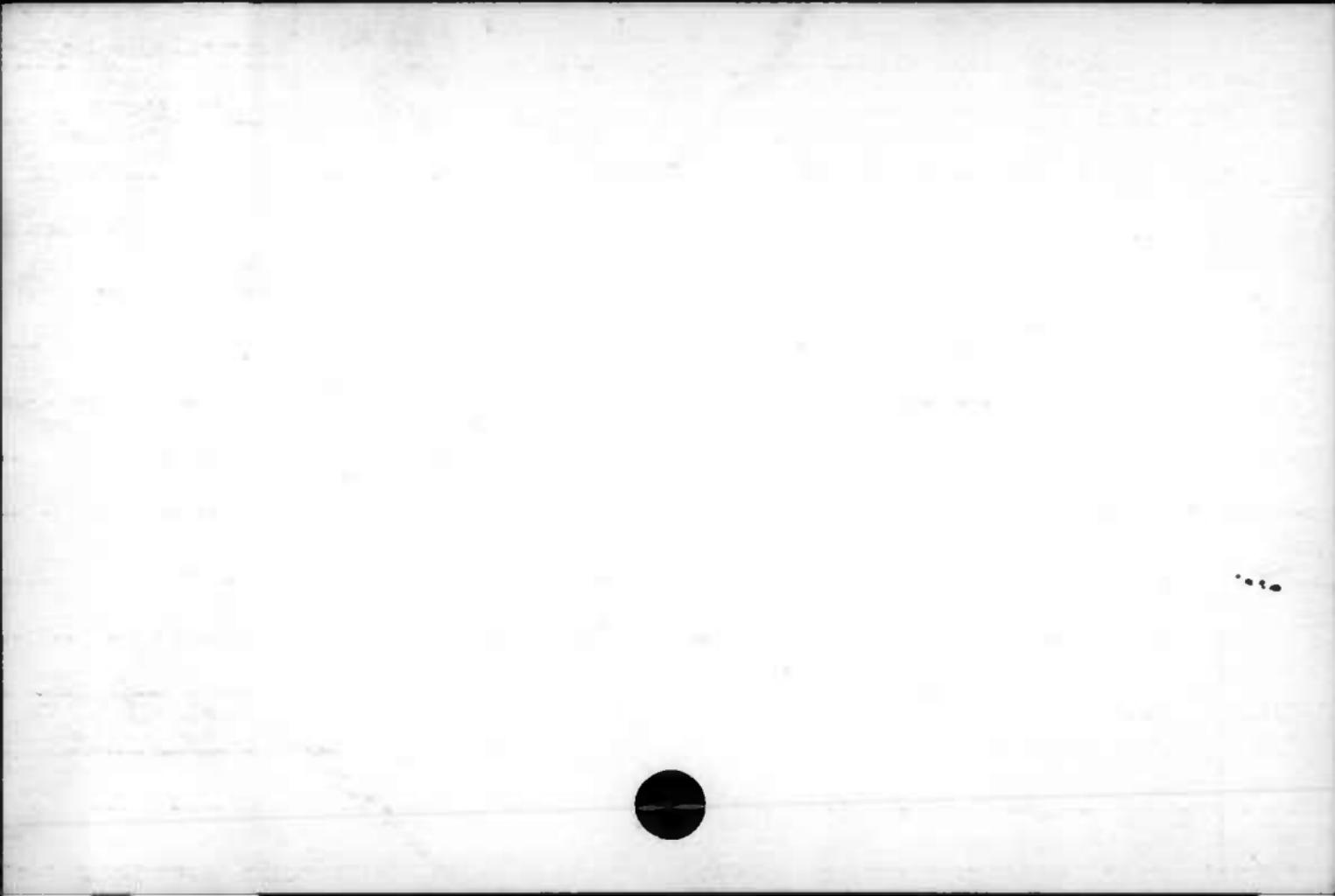
Signature of Physician

Address

J. E. Ellerst
Hancock
Md.

Accident or Suicide?

No



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Margaret A Brown

CERTIFICATE OF DEATH

MARYLAND

Died at Mt. Gion

County Washington

Date of death 1905 Month Nov.

Day 11th Age 47

Years

Months 8 Days 28

Sex Female

Color or Race

Sister

Birth-place

Occupation

Housewife

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

widow

Name of Husband

Upton Brown

Father's Name

John Hines

Father's Birthplace

Mother's Maiden Name

Mary Smith

Mother's Birthplace

Name of person giving
Information

Daniel Hines

How related
to deceasedHager, Md.
Nottingt.

CAUSES OF DEATH

Primary

Typhoid fever

How long

7 weeks

Immediate

Exhaustion & Paralysis

How long

Paraly sis 6 days.

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?

Yes

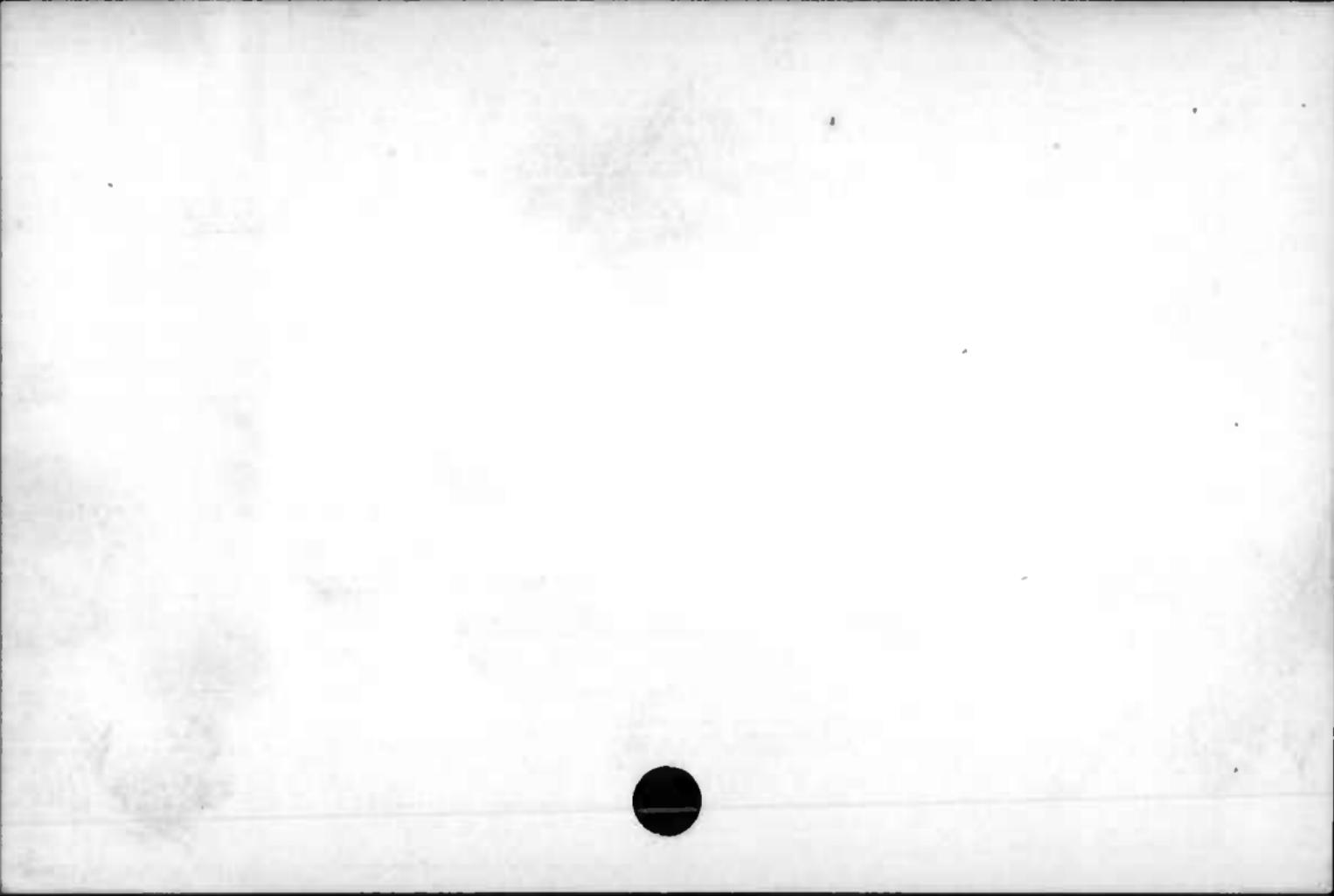
Signature of
Physician

L. L. Hatchet

Address

Sabillasville Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Still Born Child of Herbert Burger				CERTIFICATE OF DEATH		
Died et	Town			County	MARYLAND	
Date of death 1905	Month 11	Day 19	Years	Months	Days	
Sex Male	Color or Race White			Birth-place Md		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Herbert Burger					
Mother's Maiden Name	Alice Broquiner					
Name of person giving Information	Herbert Burger					
CAUSES OF DEATH						
Primary	Premature Birth					How long
Immediate						How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	MS Richardson
		Address	Williamsport Md.
Accident or Suicide?			

Tion

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Katherine E. Byrum

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	22	1	-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Beaver Creek			
Father's Name	Charles Byrum				
Mother's Maiden Name	Lydia Cramer				
Name of person giving Information	Lizzie Byrum				

CAUSES OF DEATH

Primary

Brucellosis



How long

about 4 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. Green Miller
Progression and

Accident or Suicide?

Beaver Creek

Name
in
Full

Harry A. Clopper.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	42		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Henry E. Clopper	Father's Birthplace			
Mother's Maiden Name	Margaret E. Petrie	Mother's Birthplace			
Name of person giving information	Ernest E. Clopper	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of lungs	How long	several years
Immediate	Exhaustion (37)	How long	Two months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. J. L. Slager
		Address	Heightswood Md -
Accident or Suicide?			

Zemby

Name
in
Full

H. Gertrude College

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	J. R. College		Father's Birthplace		Pa	
Mother's Maiden Name	Mary J. M. Daniel		Mother's Birthplace		—	
Name of person giving information	J. R. College (3)		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hysterical multiple ovarian cyst		How long	Four Weeks
Immediate	Shock (Surgical)		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. E. Pitsnagle
			Address	Hagerstown Md
Accident or Suicide?				

Martinsburg
W Va

Name
in
Full

Charles Jacob. Cornell

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Edgemont	Town	County	MARYLAND		
Date of death	1905	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Age	34	
Occupation	Saborer	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	Josephine, Blonell			
Father's Name	Dont know		Father's Birthplace	Germany		
Mother's Maiden Name	Dont know		Mother's Birthplace	Germany		
Name of person giving information	Mrs. Elizabeth Funk		How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

18 Months

Immediate

Hemorrhage of lung

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

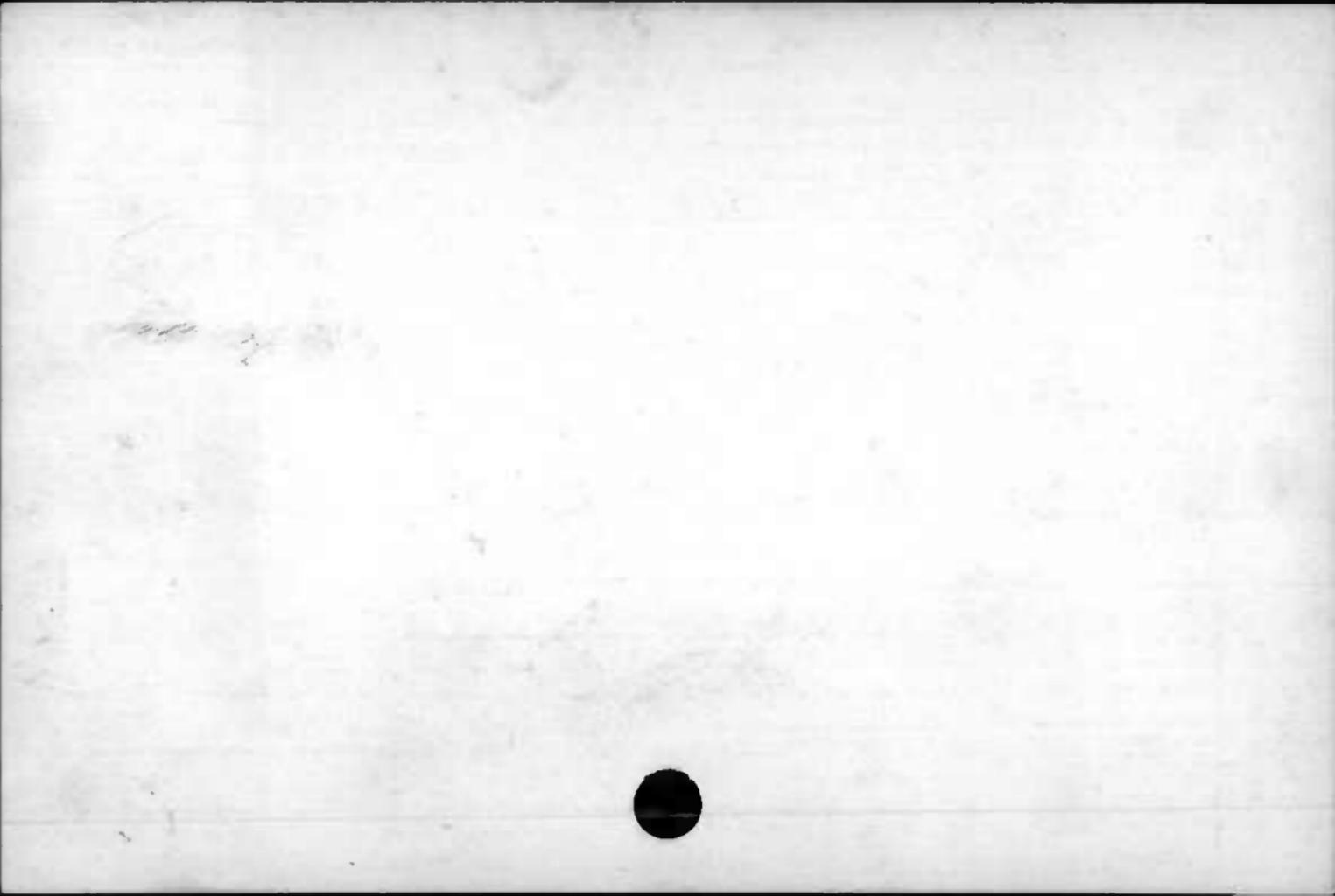
Address

Dr. M. L. Kefauver

Smithsburg

Maryland

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Child of Leo and Odessa Cottrell

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

Hagerstown Wash.
1905 11 14
male white
Occupation _____
Single Leo Cottrell MD
Odessa Hoover " father
C. O. Cottrell

CAUSES OF DEATH

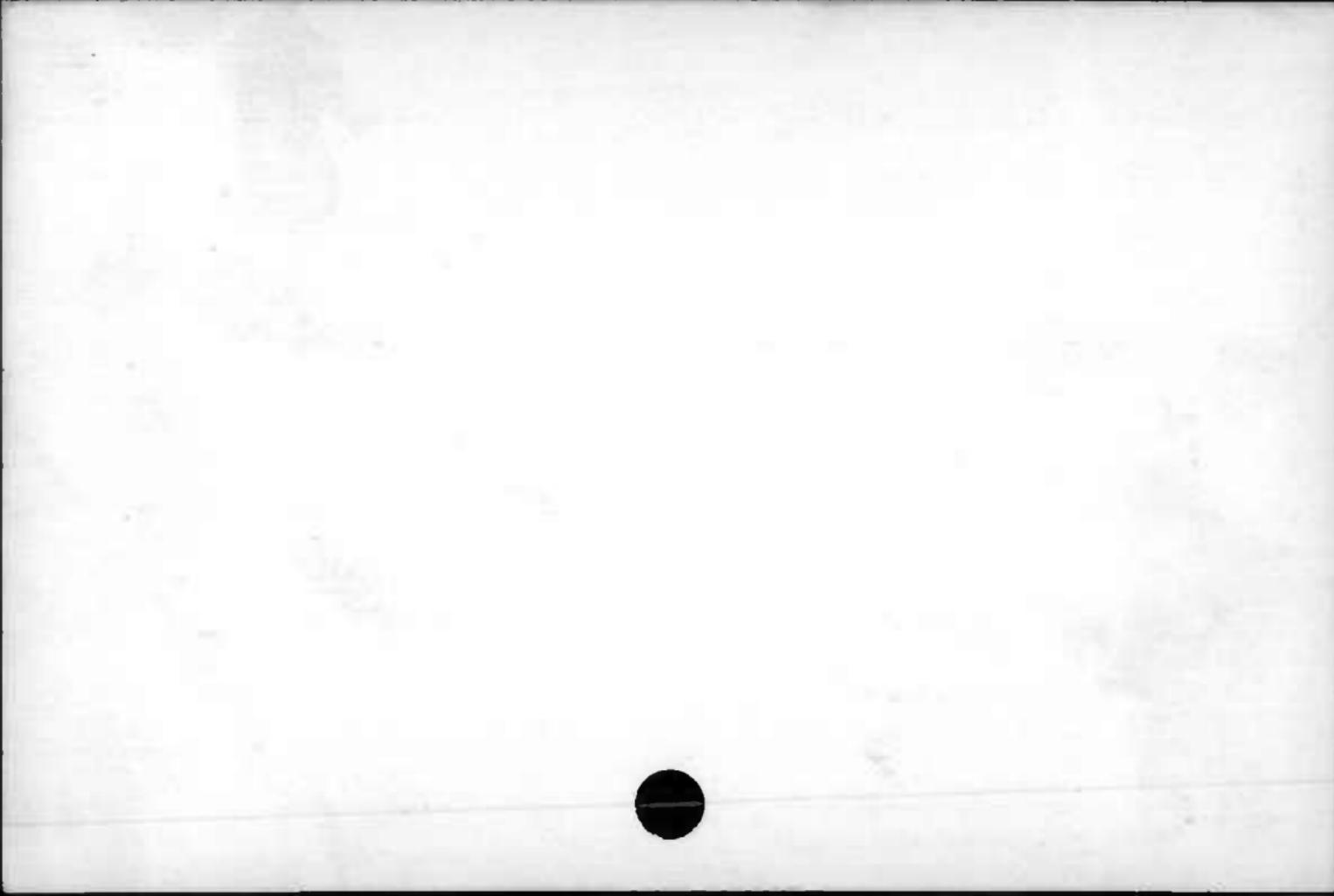
Primary	Premature Birth	5	How long
Immediate	"		How long

Are the name, age, sex, color, date and place correctly given above?

yes Signature of Physician
Address

Accident or Suicide?

L. K. Darr,
Hagerstown,
Md.



Name
in
Full

Annie A Davis

CERTIFICATE OF DEATH

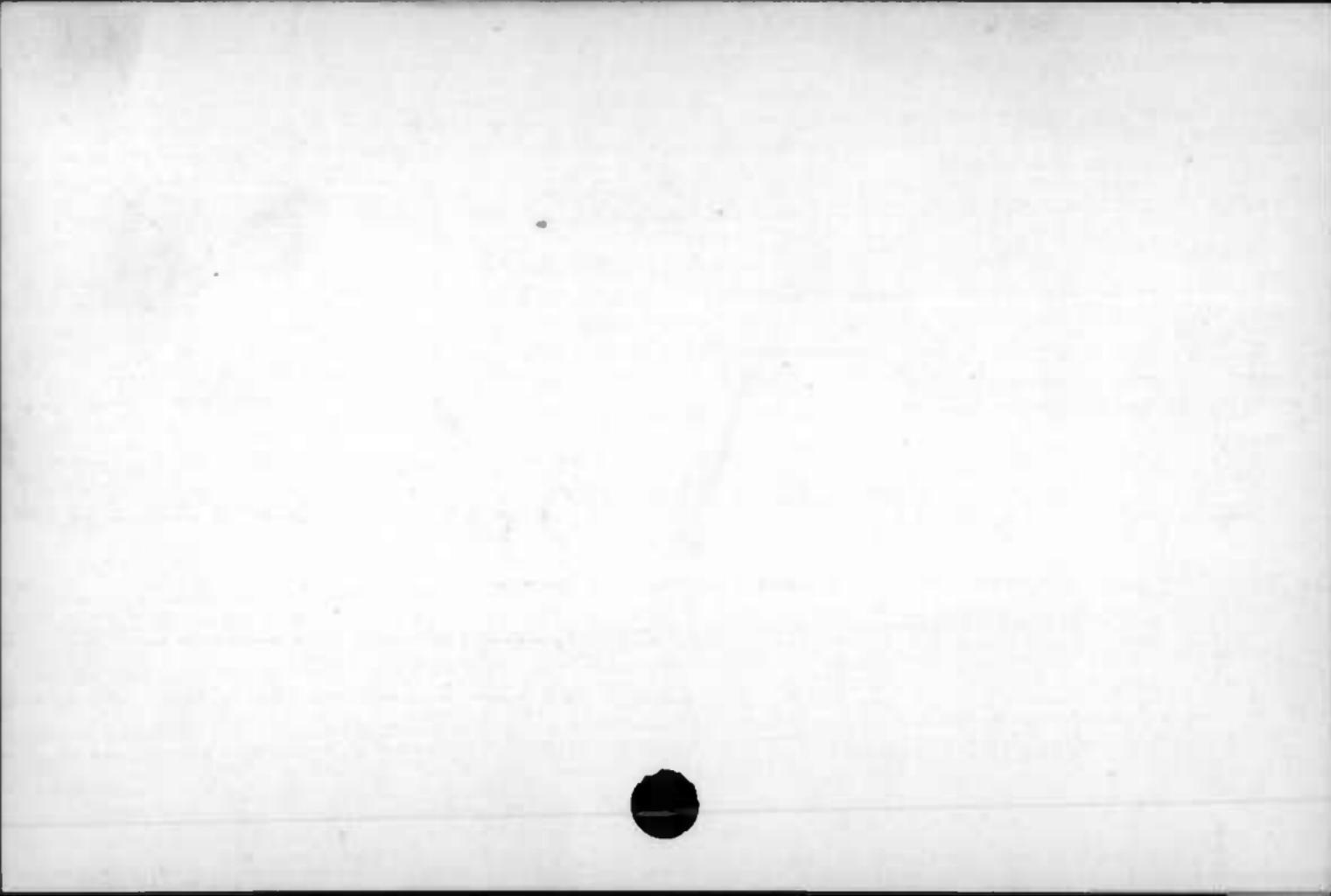
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Geo M. Davis			
Father's Name	John	Henson	Father's Birthplace	Md		
Mother's Maiden Name	Mary	Henson	Mother's Birthplace	Md		
Name of person giving Information	Pearl Davis	How related to deceased			Daughter	

CAUSES OF DEATH

Primary	Dropsey Bronchitis & asthma	How long	about 1 yr
Immediate	Heart failure	How long	about 5 min
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S W Hunter MD
		Address	Hagerstown Md.
Accident or Suicide?			



Name
in
Full

Lawrence Meade Bibat

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
1905	Nov	9			Six weeks	1	
Sex	Male	Color or Race	White		Birth-place	Baltimore	
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Hezekiah Bibat		Father's Birthplace			Baltimore	
Mother's Maiden Name	Mary Ann Burger		Mother's Birthplace			Franklin Co Pa	
Name of person giving information	Hezekiah Bibat		How related to deceased			Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malaria

How long

Several Weeks

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

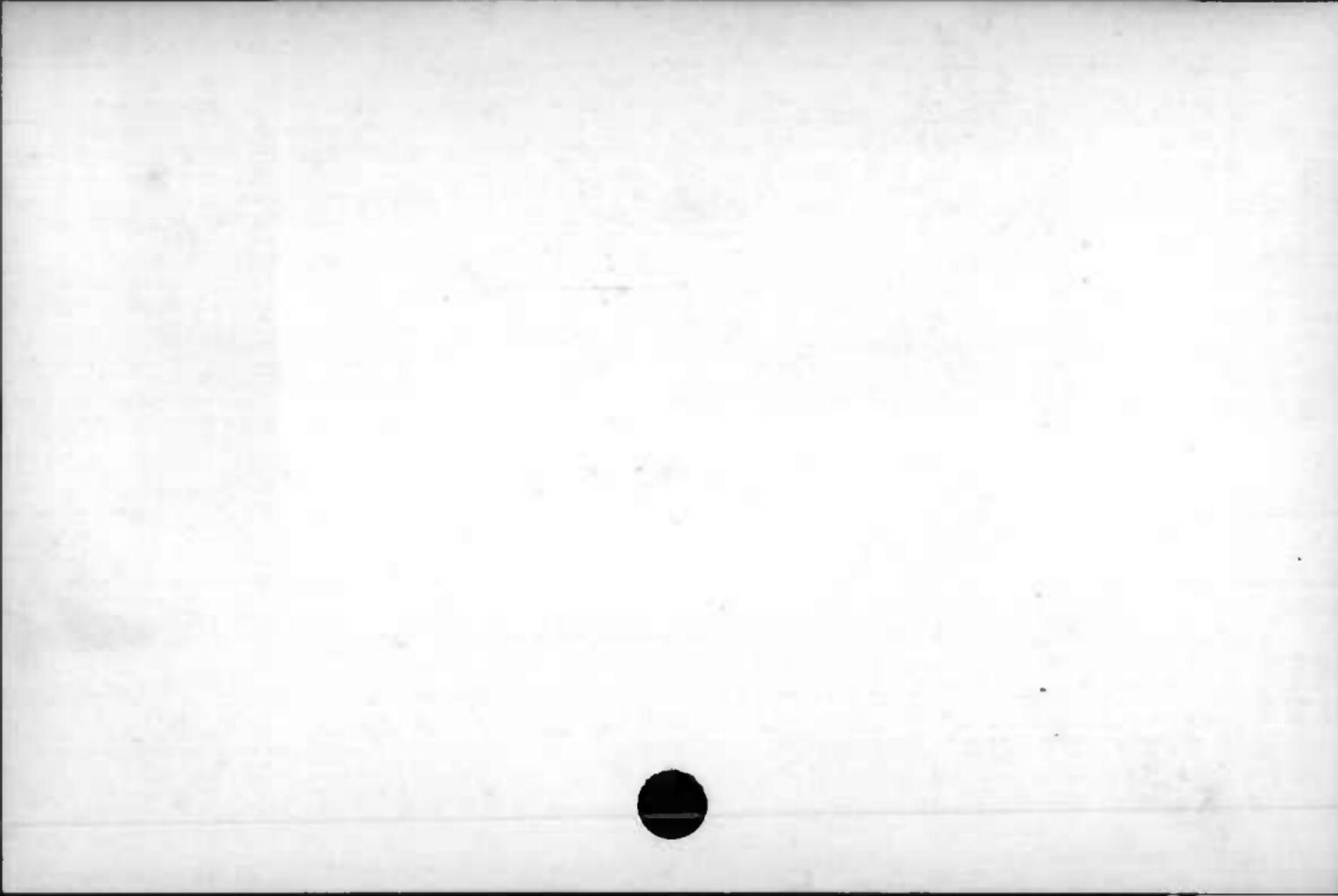
Yes

Signature of Physician

Address

Jos. Prozman M.D.
Smithsburg
W.M.

Accident or Suicide?



Name
in
Full

Mary Dick

CERTIFICATE OF DEATH

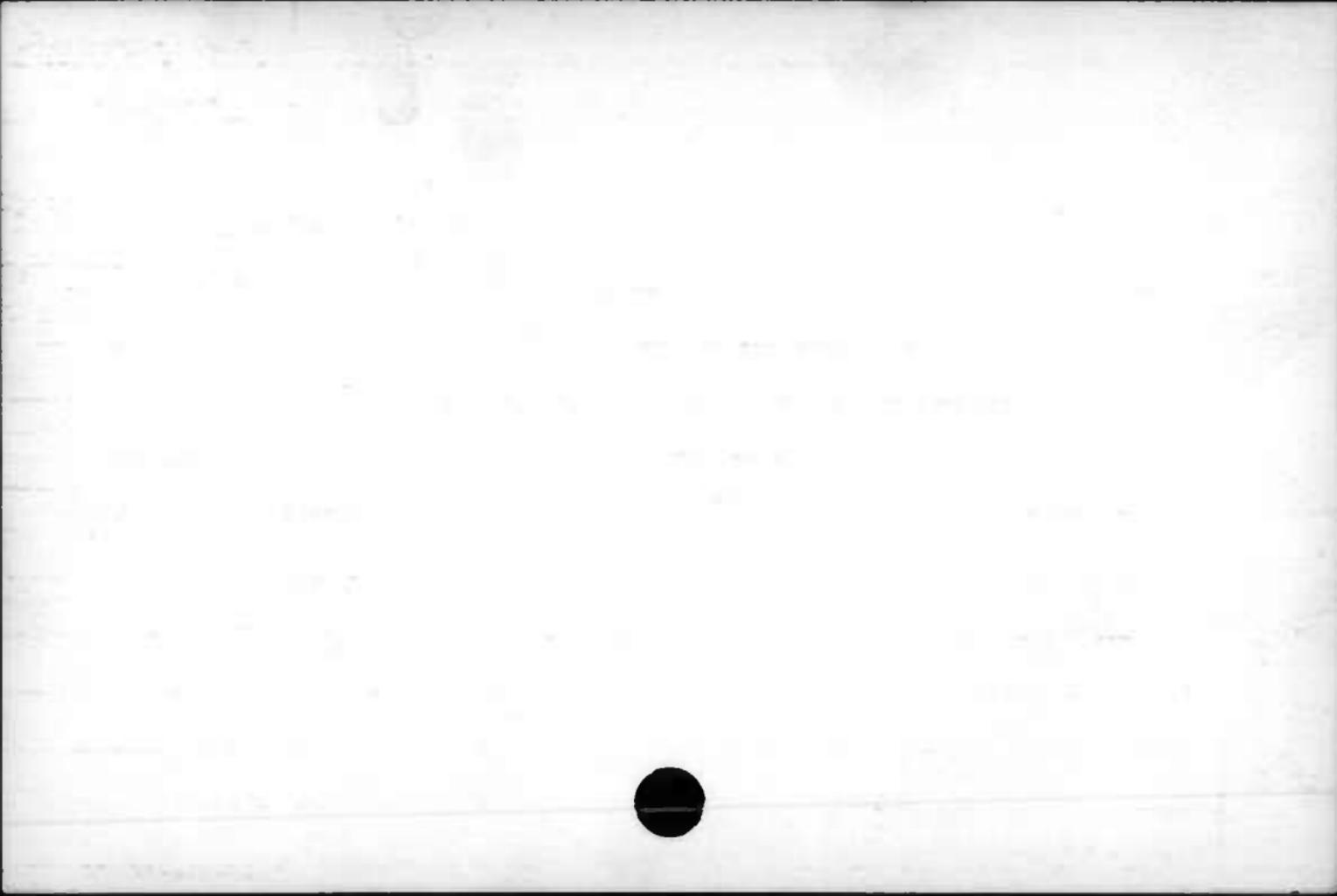
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	11	14	62	-	-
Sex	Female	Color or Race	White	Birth-place	Pa
Occupation	House maid				
Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	not known				
Mother's Maiden Name					
Name of person giving information	Eliza Parry				
(64)					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apothecy (Cerebral Hemorrhage)	How long	few minutes
Immediate		How long	-
Are the name, age, sex, color, date and place correctly given above?	- yes -	Signature of Physician	W. Preston Miller
		Address	Hagerstown Md.
Accident or Suicide?	no -		



Name
in
Full

Ella U. Ford

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife Husband	Wm E. Ford	
Father's Name			Father's Birthplace
Mother's Maiden Name	Martha Rho		Mother's Birthplace
Name of person giving information	WM E. Ford		How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis.

How long

Six months.

Immediate

Collapse - Weakness -

How long

Two days.

Are the name, age, sex, color, date and place correctly given above?

yes.

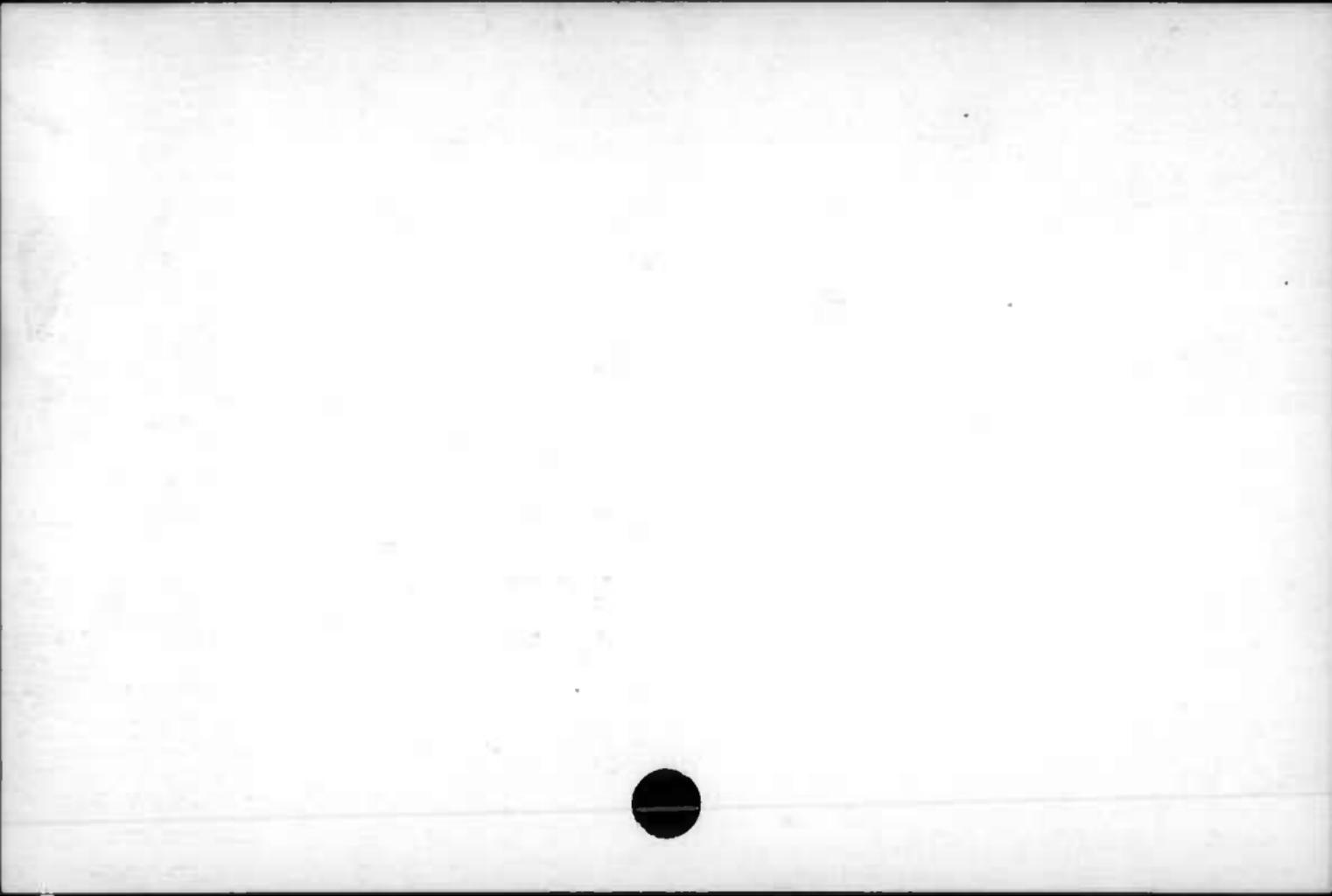
Signature of Physician

Address

J. Hubert Wade,
Baltimore, Md.

Accident or Suicide?

No.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Susan Forrest.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	82	7.
Occupation	House wife	Where Residing if not at place of death	near Leitersburg		
Married, Single or Widowed	Name of Wife or Husband	Samuel Forrest.			
Father's Name	John Kuhne	Father's Birthplace	Frederick.		
Mother's Maiden Name	Susan Kuhne	Mother's Birthplace	".		
Name of person giving Information	Sam. D. Forrest	How related to deceased	Son.		

CAUSES OF DEATH

Primary	Heart Failure	176	How long	Two Days -
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Lacy B. Hoover Undertaker	
		Address	Smithsburg Md.	
Accident or Suicide?				

PHYSICIAN
OR CORONER



Name
in
Full

Mary L. Forsythe. No 370

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month 11	Day 28	Years	Months 9	Days 28
Sex Female	Color or Race White	Occupation	Birth-place	Wheaton	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Daniel. M. Forsythe		Father's Birthplace	Indian Spring	
Mother's Maiden Name	Ella. Shively		Mother's Birthplace	Wheaton	
Name of person giving information	Daniel. Forsythe		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Brain Fever

(60)

How long

six days

Immediate

Failure of Heart

How long

six days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes

Dr. D. J. Lester

Wheaton

Ad

Accident or Suicide?

J. Mc Miller
Rivers View
Cincinnati

Name
in
Full

Ruth Futterer.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	6	1	26
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Md.				
Mother's Maiden Name	Md.				
Name of person giving Information	How related to deceased				

single J. Frank Futterer Md.
Annie E. Mayhew " father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Intestinal catarrhe

How long

Two weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

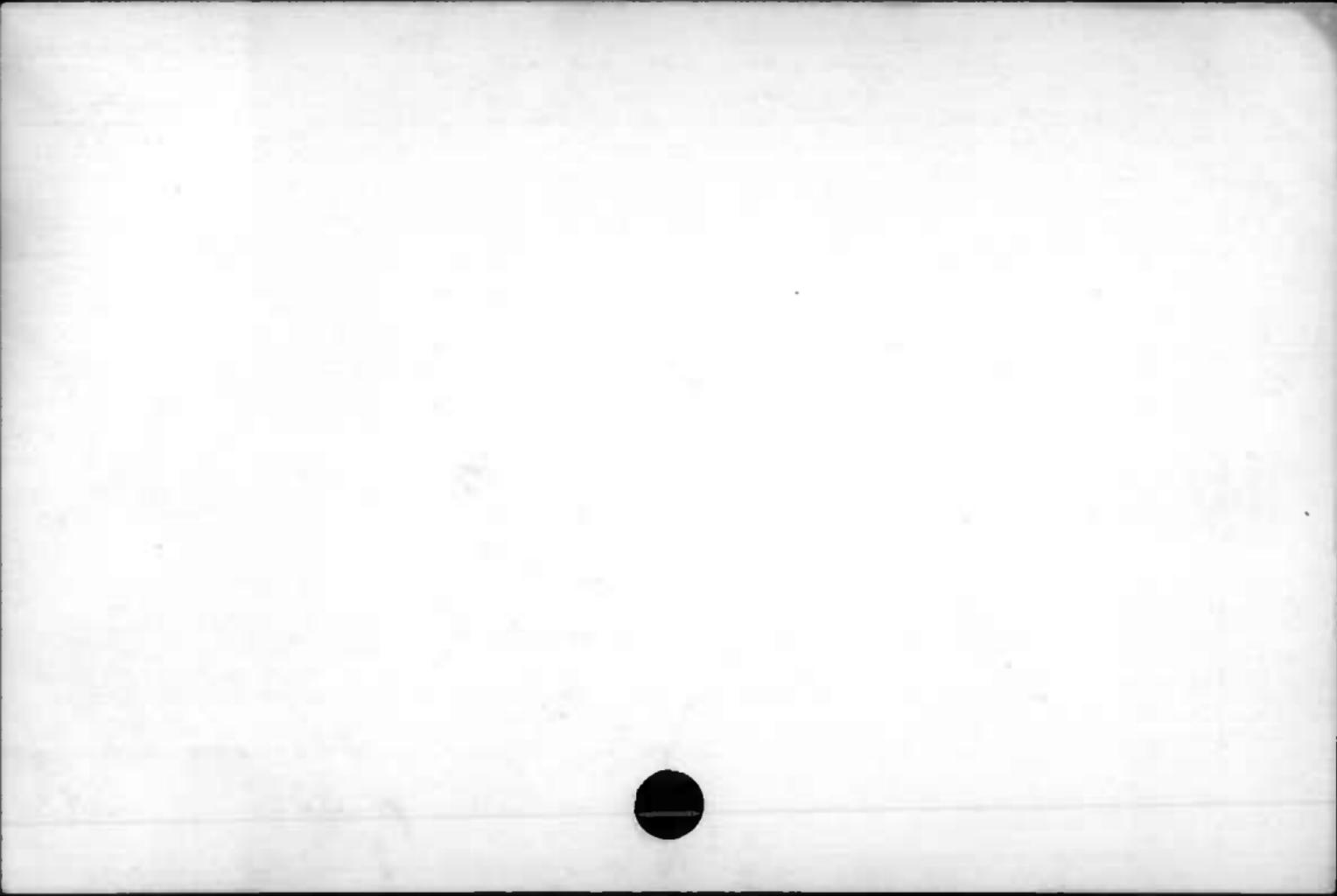
Signature of Physician

Address

Yes

Chas. A. Boyl M.D.
Hagerstown
Md.

Accident or Suicide?



Name
in
Full

Hester Gladhill

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown Town Washington County MARYLAND
Date of death 1905 Month 11 Day 8 Years _____ Months 5 Days 18
Sex Female Color or Race White Birth-place Pa
Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

James Gladhill

Father's
Birthplace

Pa

Mother's
Maiden Name

Sarah Dick

Mother's
Birthplace

Pa

Name of person giving
Information

James Gladhill

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

Convulsions



How long

2 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

L. M. Waltman Undertaker

Hagerstown Md

PHYSICIAN
OR CORONER

Accident or Suicide?

Bloyers Forge

Name
in
Full

Mrs. Barbara E. Grossnickle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	71	
Occupation	A. Wife		Where Residing if not at place of death	Mapleville	
Married, Single or Widowed	Married	Name of Wife or Husband	Lawson P. Grossnickle		
Father's Name					
Mother's Maiden Name					
Name of person giving information	Lawson P. Grossnickle				

(105)

(106)

PHYSICIAN
OR CORONER

Cefotaxime

CAUSES OF DEATH

Primary

Indigestion 8yo.

Immediate

Ent- Colitis

Are the name, age, sex, color, date and place correctly given above?

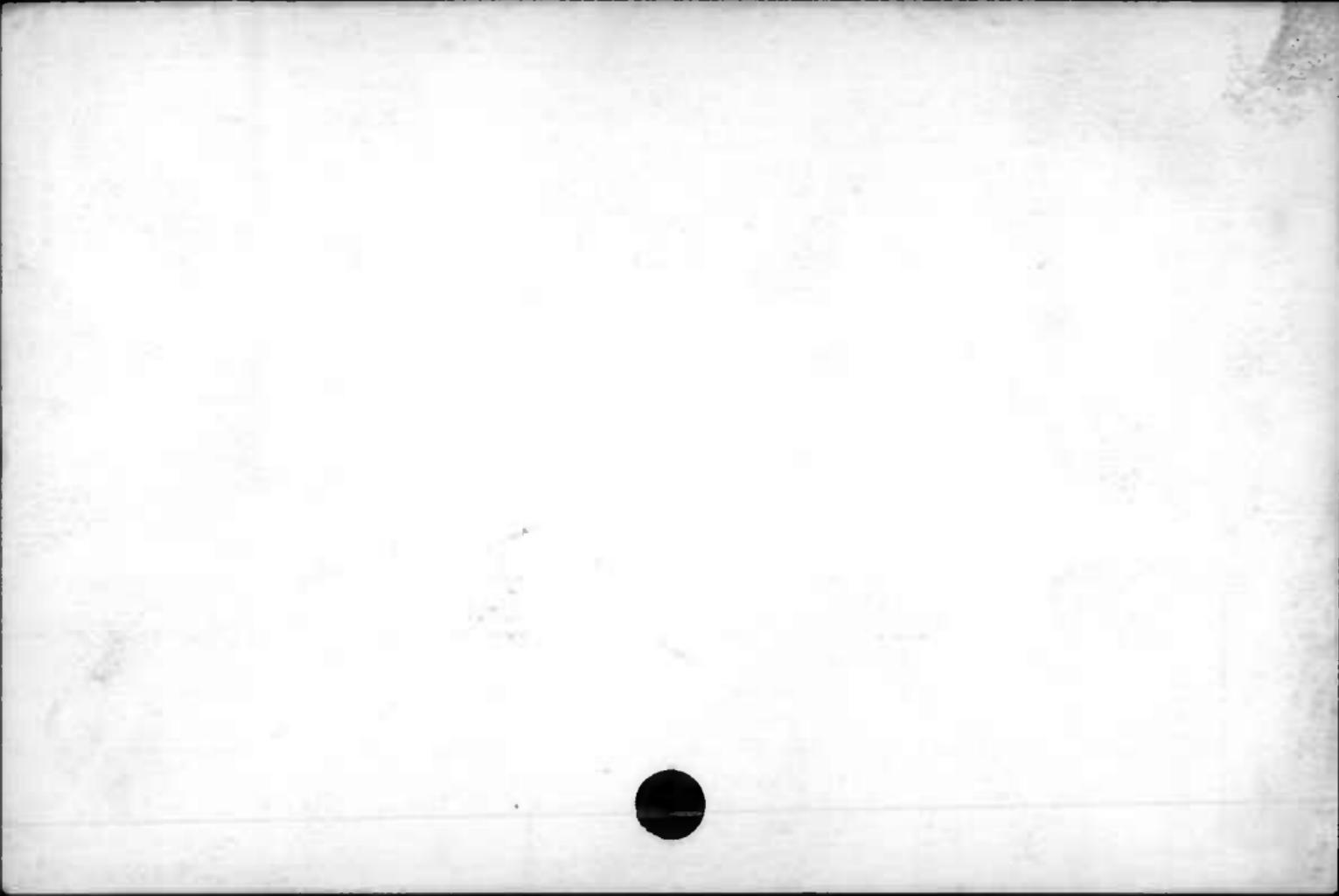
yes

Signature of Physician

Address

S. S. Davis
Boonsboro
Md

Accidental or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Huesford					CERTIFICATE OF DEATH	
Died at Hagerstown		Town	St. Mary's County		MARYLAND	
Date of death	1906	Month 11	Day 22	Years 69	Months	Days
Sex Female	Color or Race White			Birth-place Hagerstown		
Occupation House work	Where Residing if not at place of death					
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name Robert Huesford			Father's Birthplace Na			
Mother's Maiden Name Bessie Snyder			Mother's Birthplace Na			
Name of person giving Information Laura Britton			How related to deceased Niece			

CAUSES OF DEATH

Primary

old age

15

How long

several years

Immediate

old age - heart debility

How long

Are the name, age, sex, color, date and place correctly given above?

1906

Signature of Physician

Address

Chas. P. Boyle M.D.
Hagerstown
Md.

Accident or Suicide?

Δt

τ

Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Henry A Hartung

CERTIFICATE OF DEATH

Died at Hagerstown		Town	County Washington		MARYLAND	
Date of death	1903 - 11	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Age		
Occupation	Child	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Name	Father's Birthplace	
Mother's Maiden Name	Bertha Poston			Mother's Maiden Name	Mother's Birthplace	
Name of person giving information	Henry Hartung	How related to deceased				

CAUSES OF DEATH

Primary	Pneumonia	90	How long about 3 days
Immediate	Cerebral	about 6 hours	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address S.W. Huntstad M.D.	
Accident or Suicide?		Hagerstown, Md	

Rose Hill

100

Name
in
Full

Frisby Hildebrand

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Sharpsburg	Washington			
Date of death	Month	Day	Years	Months	Days
1905	Nov	5	Age 76	11.	17.
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		Margret Hildebrand		
Father's Name	Ezra Hildebrand		Father's Birthplace	Maryland	
Mother's Maiden Name	Wout-Know		Mother's Birthplace	Wout-Know	
Name of person giving information	Columbus Hildebrand		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Debility

54

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

O. H. Gardner

Address

Sharpsburg Md

Accident or Suicide?

Eugene Marker
Undertaken.

Died at

Town

County

Nellie. Dorothy Kinney

Chesapeake

Washington

MARYLAND

Date 1903-

Month

Day

Y.

M.

D.

Native of

Occupation

11 23

Age 12

4

6

Stock

~~Wife~~

White

~~Husband~~

Widow

~~Divorced~~

Female

~~Colonist~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Oscar A. Quinn M.D., Chesapeake and

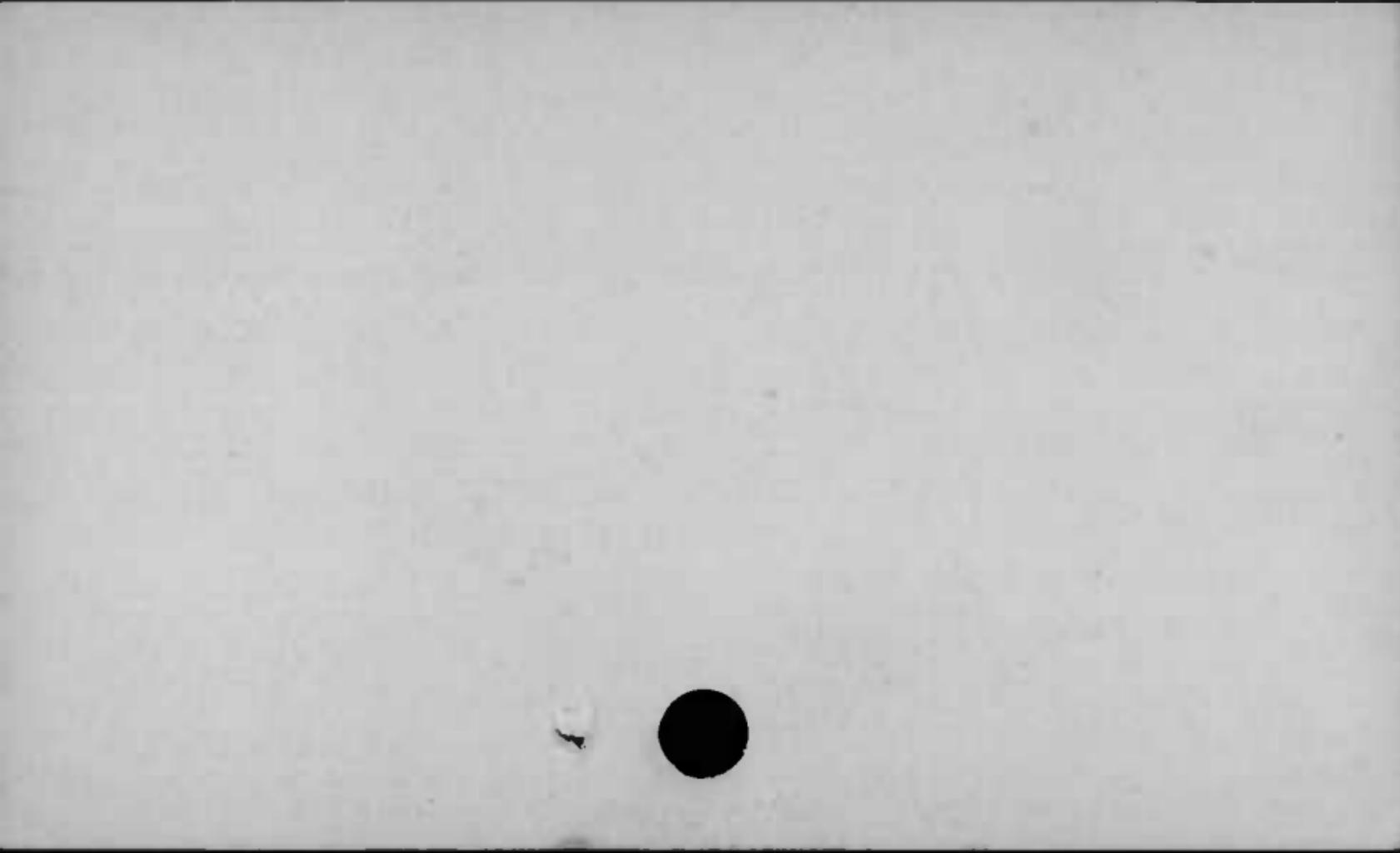
Mother's

Maiden Name

Primary

Immediate

Father.



Name
in
Full

Elias W. Knode

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County			MARYLAND	
Died at	Hagerstown	Wash			
Date of death	Month	Day	Years	Months	Days
190	11	18	81	6	15
Sex	male	Color or Race	white	Birth-place	Md.
Occupation	Merchant			Where Residing if not at place of death	
Married, Single or Widowed	married	Name of Wife Husband	Eliza Knode	Father's Birthplace	Md.
Father's Name	John Knode			Mother's Birthplace	"
Mother's Maiden Name	Mary Hoffman			How related to deceased	daughter
Name of person giving information	Ora Knode				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Arterial Sclerosis

How long
2 years.

Immediate Heart Failure

How long
24 hours.

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

O. L. Ferriar

Address

Hagerstown Md.

Accident or Suicide? no.

Zion church

Name
in
Full

Ann W Lefever No 269

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month Nov	Day 13	Years 75	Months 1	Days 10
Sex	Color or Race	Birth-place	Williamsport		
Married, Single or Widowed	Widow	Occupation			
Name of Wife or Husband	Samuel				
Father's Name	John Herr				
Mother's Maiden Name	Ann W. Herr				
Name of person giving information	B. L. Lefever				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dropsy



How long

Eight weeks

Immediate

Prostration

How long

Two hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

D. Richardson
Williamsport Md.

Accident or Suicide?

J F Krups
undertaker

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Zachariah Legett
Died at Hagerstown Town
Washington County

CERTIFICATE OF DEATH

MARYLAND

Date of death 1903 Month 11 Day 5 Years 57 Months 8 Days 13

Sex male Color or Race white Birth-place Md

Occupation Well Dyer Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband

Father's Name Robert Legett

Father's Birthplace Md

Mother's Maiden Name Margaret Myers

Mother's Birthplace Md

Name of person giving information Clarence Legette

How related to deceased Son

CAUSES OF DEATH

Primary Cerebral Hemorrhage How long

Immediate Paralysis How long 1/2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Daniel G. Coathuis

Address

Hagerstown Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

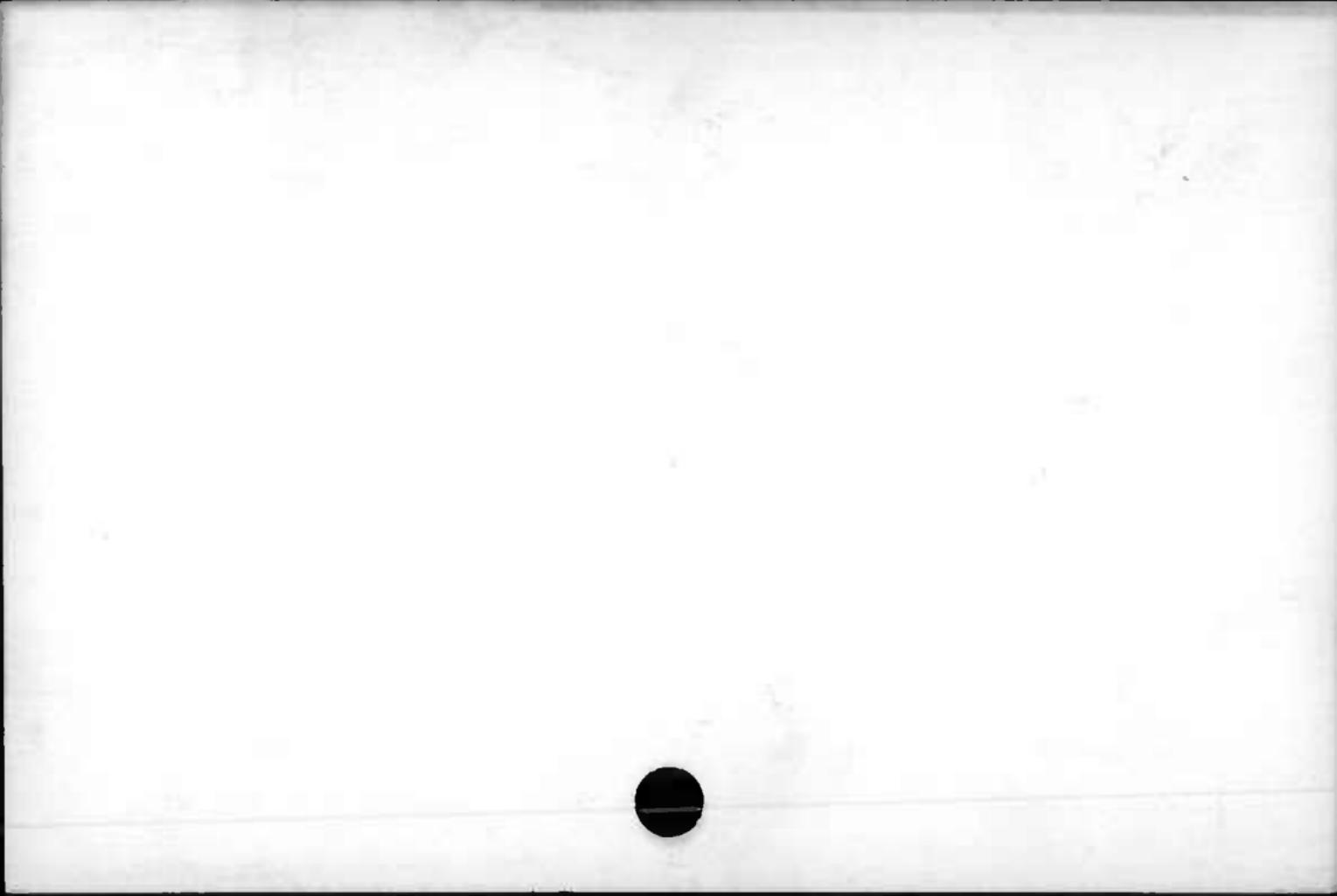
Bombay

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Bertha E Liger					CERTIFICATE OF DEATH		
Died at	Town	County			MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1905	11	27	21	21	-	-	
Sex	Female	Color or Race	white		Birth-place	Frederick Co	
Occupation	Domestic		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	David Liger		Fred. Co				
Mother's Maiden Name	Phoebe Blakenstaff		Mother's Birthplace			" "	
Name of person giving information	E S Blakenstaff		How related to deceased			Cousin	
CAUSES OF DEATH							
Primary	Pulmonary Tuberculosis			How long			
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes				Address			
				Fair play			
				Washington Co MD			
Accident or Suicide?							



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Ellen Long

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Hagerstown	wash		Months	Days	
Date of death	Month	Day	Years	Age	
1905	11	25	63	63	
Sex	Color or Race	Birth-place			
female	white	Md.			
Occupation	Where Residing if not at place of death				
H.W.	Baltimore Md.				
Married, Single or Widowed	Name of Husband				
widow	Neill Long				
Father's Name	Father's Birthplace				
John Love	Md.				
Mother's Maiden Name	Mother's Birthplace				
Mary Noll	"				
Name of person giving information	How related to deceased				
Mrs May Griffith	daughter				

CAUSES OF DEATH

Primary

Pneumonia

How long

60 days

Immediate

Exhaustion

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

yes

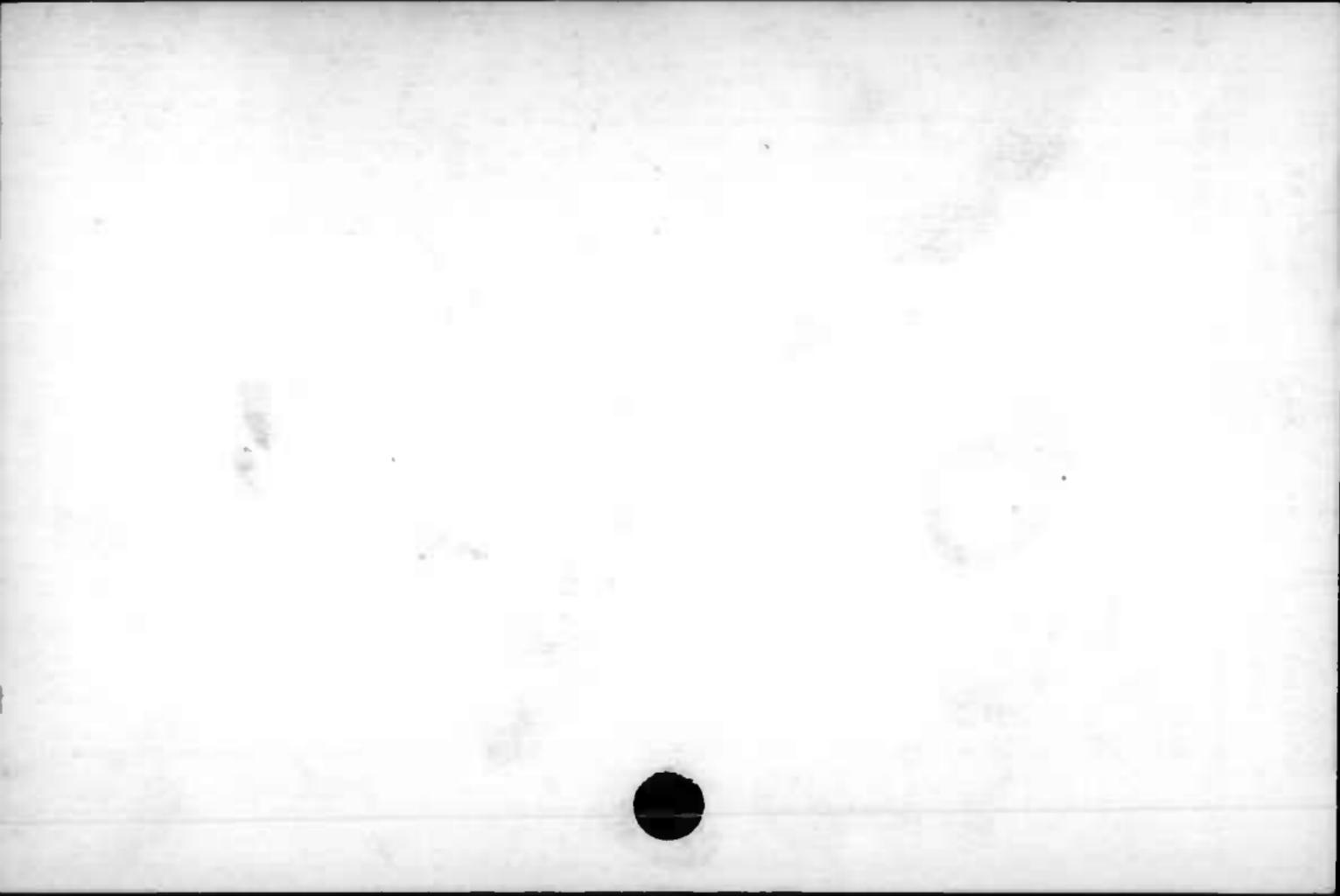
Signature of Physician

Address

Neill Long
Hagerstown Md.

Accident or Suicide?

no



Name
in
Full

Mahala Mary

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Nov.	4	75	-	-
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Sparrows	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife Husband	Mahala Mary			
Father's Name	Frank Reedor	Father's Birthplace	Maryland		
Mother's Maiden Name	Elizabeth Danner	Mother's Birthplace			
Name of person giving information	Albertus Mary	How related to deceased	Son - sonny		

CAUSES OF DEATH

Primary	Pneumonia	How long	one week
Immediate	Pneumonia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Chas B. Ferguson
yes		Address	Skaggs Station
Accident or Suicide?		MV	

Brining and Bust
Boonsboro

Name
in
Full

Infant Mayhew

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Mash. Co.
Father's Name	Harry Mayhew	Mother's Birthplace	" "
Mother's Maiden Name	Elizabeth Morgan	How related to deceased	father
Name of person giving information	Harry Mayhew		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still birth S

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

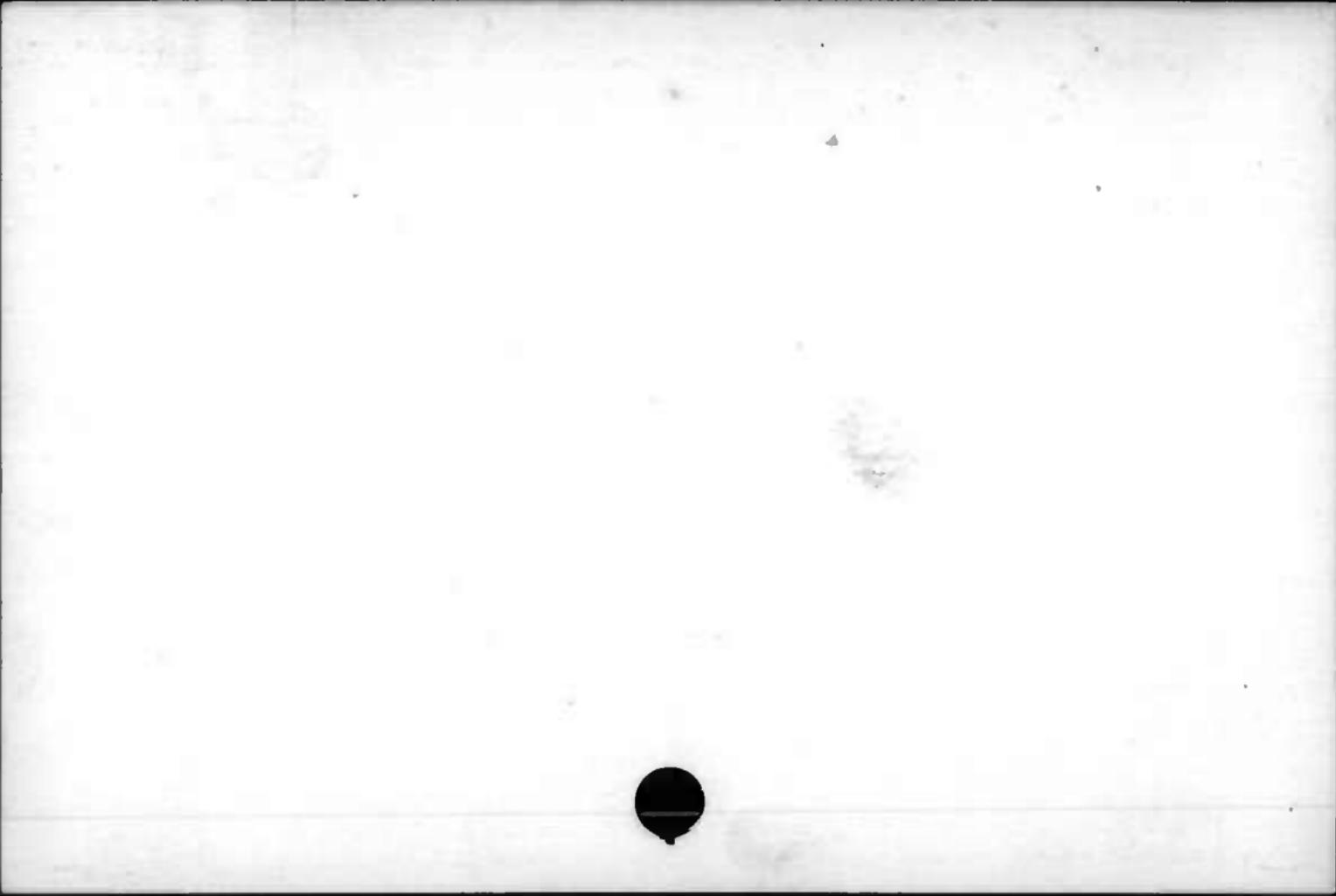
Signature of Physician

E. J. Smith

Accident or Suicide?

Address

Buonsboro
Md



Name
in
Full

To BE ANSWERED BY NEAREST FRIEND	Mrs. Rachel A. MiddleKauff					CERTIFICATE OF DEATH
	Died at Hagerstown		County Wash.		MARYLAND	
	Date of death 1905	Month 11	Day 13	Years 76	Months —	Days 17
	Sex Female	Color or Race white	Birth-place Md.			
	Occupation H.W.	Where Residing if not at place of death				
	Married, Single or Widowed widow	Name of Husband John C MiddleKauff				
	Father's Name William Jones	Father's Birthplace Penna.				
	Mother's Maiden Name Sarah A. South	Mother's Birthplace Md.				
	Name of person giving Information J. W. Jones	How related to deceased Brother				
CAUSES OF DEATH						
Primary Endo Cardi [?]	How long					
Immediate Cardiac Failure	How long					
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician A.P. Stappier					
	Address Hagerstown					
Accident or Suicide?						

PHYSICIAN
OR CORONER

You had better stay
you know

Name
in
Full

Harvey W. Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Emma Cunningham	
Father's Name	Md		
Mother's Maiden Name	Elizabeth Whelstone		
Name of person giving Information	Elizabeth Mills		

CAUSES OF DEATH

Primary

Tuberculosis of Liver & Brains

How long

3 months

Immediate

Exhaustion

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

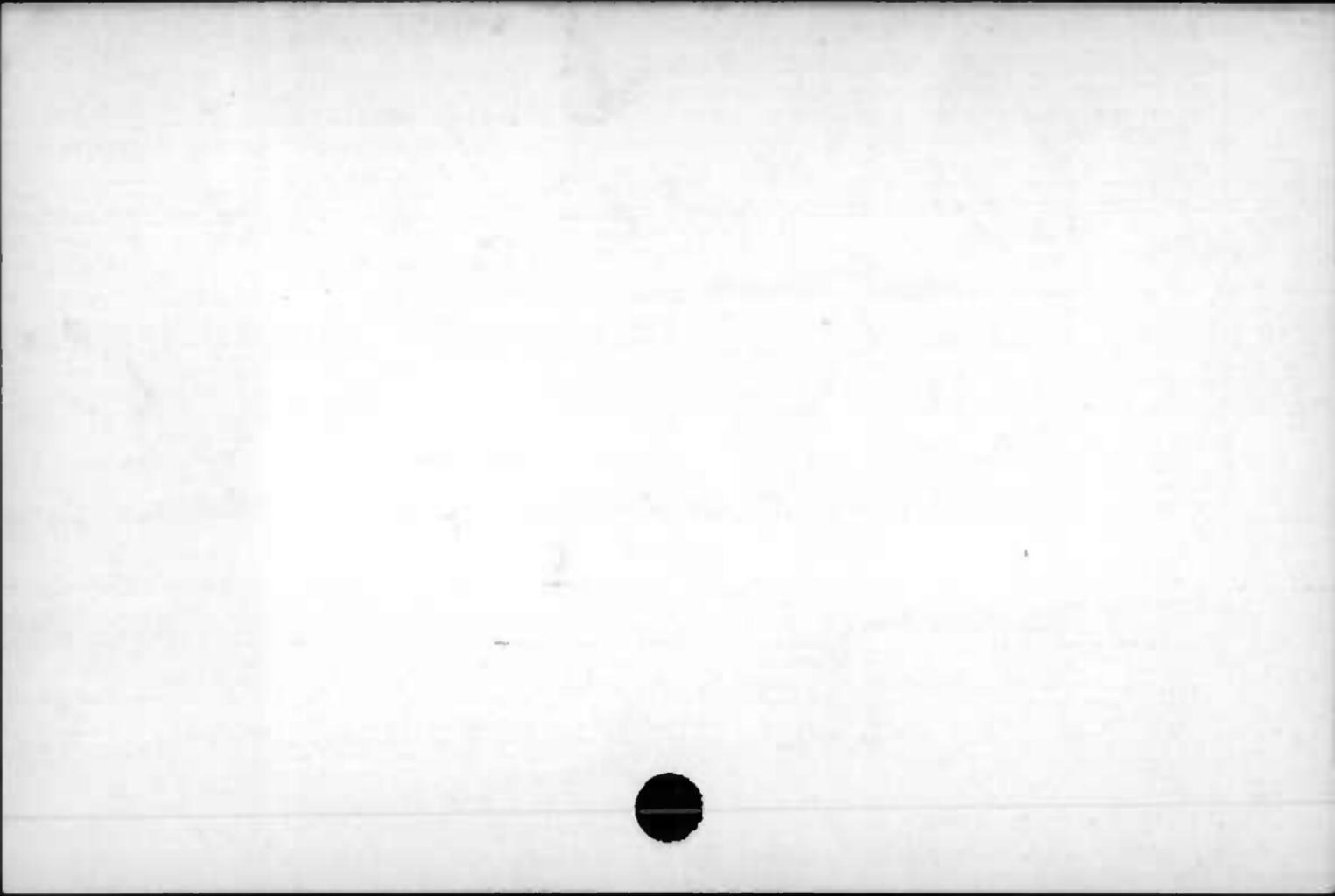
Yes

Signature of
Physician

Address

D. Perry
Bearspiring Rd.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Frisby Moneygan

Town

County

Died at Hagerstown

Washington

MARYLAND

Date
of death 190

Month

Day

Years

Age 60

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Retired Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Margaret Moneygan

Father's
Name

James Moneygan

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Poffenberger

Mother's
Birthplace

Md

Name of person giving
Information

Frisby Moneygan

How related
to deceased

Son

CAUSES OF DEATH

Primary

Furyosis

64

How long

3 months

Immediate

Cardal Hemorrhage

How long

14 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr. Morrison

Address

Hagerstown

Accident or Suicide?

no

Mannor

Name
in
Full

Charles E. Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Tannie E. Moore			
Father's Name	Wm P. Moore		Father's Birthplace			
Mother's Maiden Name	Elizabeth Hill		Md			
Name of person giving Information	Tannie E. Moore		Mother's Birthplace			
			How related to deceased			

(S)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculous Meningitis

How long

3 weeks

Immediate

Creptoraly Depressor

How long

A few hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

[Redacted]

[Redacted]

Accident or Suicide?

Smoketown

Name
in
Full

Garland Mumma

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Belvoir Asylum		County Washington		MARYLAND	
Date of death 1905	Month Nov.	Day 16	Years 65	Months	Days
Sex Male	Color or Race White	Birth-place Washington D.C.			
Married, Single or Widowed Single	Occupation None				
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information D.R. Hager	How related to deceased None				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dribility

How long

2 months

Immediate

Inanition

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

yes

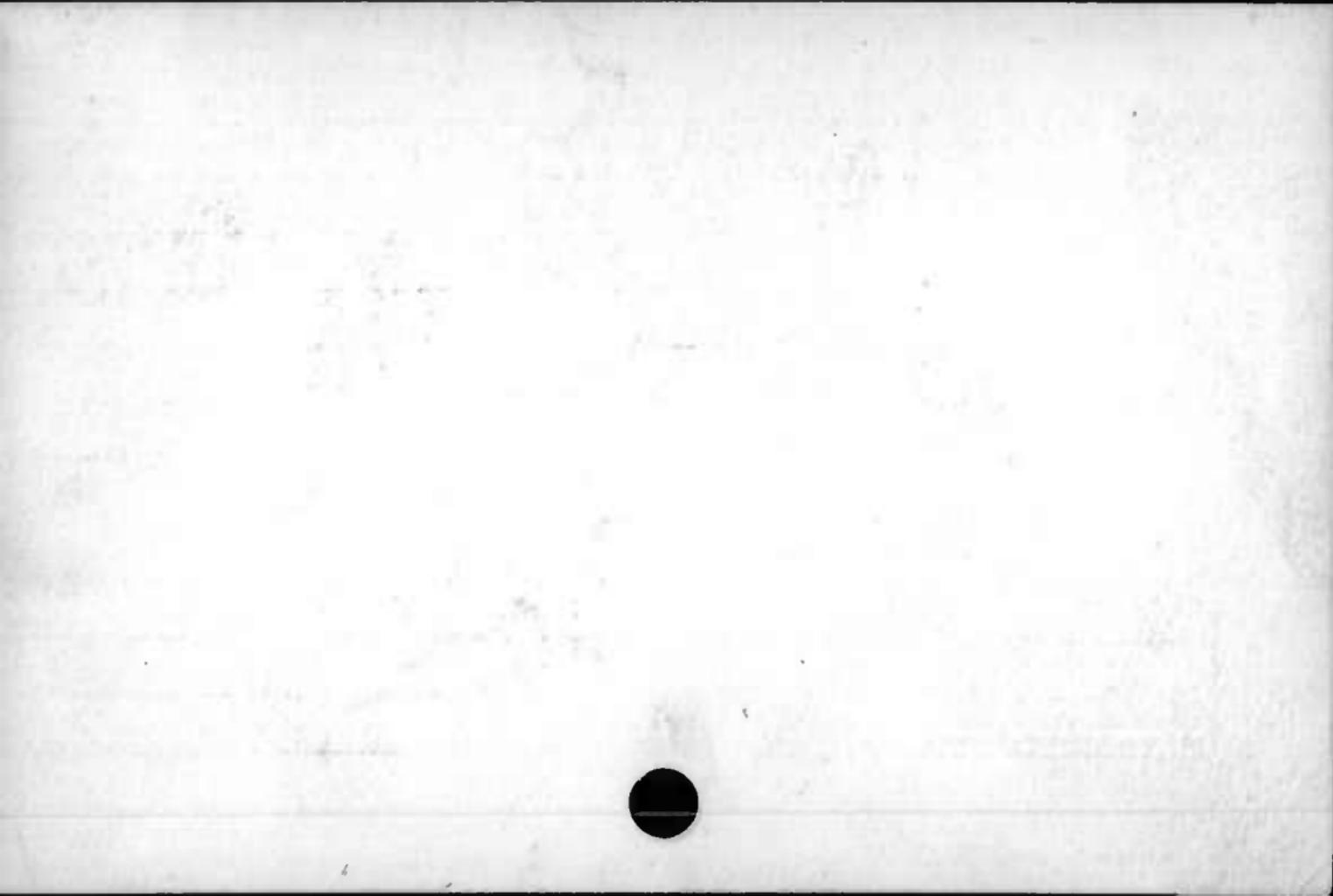
Signature of Physician

M Morrison
Hagerstown Md.



Accident or Suicide?

No.



Name
in
Full

Gertrude Page

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Washington		County	MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Female	Color or Race	Colored	Birth-place	Na		
Occupation	House-work		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	John P Page	Father's Birthplace	Na		
Father's Name	Aug Spawson			Mother's Birthplace	Na		
Mother's Maiden Name	Saffie Jones			How related to deceased	Husband		
Name of person giving information	Gertrude Page						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Epilepsy



How long

a number of years

Immediate

Insane convulsions

How long

10 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

O. O. D. Page
Hagerstown, Md.

Accident or Suicide?

Holy Way

Name
in
Full

Delia Peters

273

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Tamany Farm Town

County Washington

MARYLAND

Date of death 1905 Month Nov

Day 29 Age 89- Years

Months 3, Days 27

Sex Female

Color or Race Col'd

Birth-place Williamsport

Occupation

Housekeeper

Where Residing if not
at place of death

Williamsport

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

Caesar Peters

Father's Birthplace

Calvert Co Md

Mother's Maiden Name

Patsy

Mother's Birthplace

Name of person giving
Information

Mary A Prather

How related
to deceased

Cousin

CAUSES OF DEATH

Primary

General Debility

How long

164

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

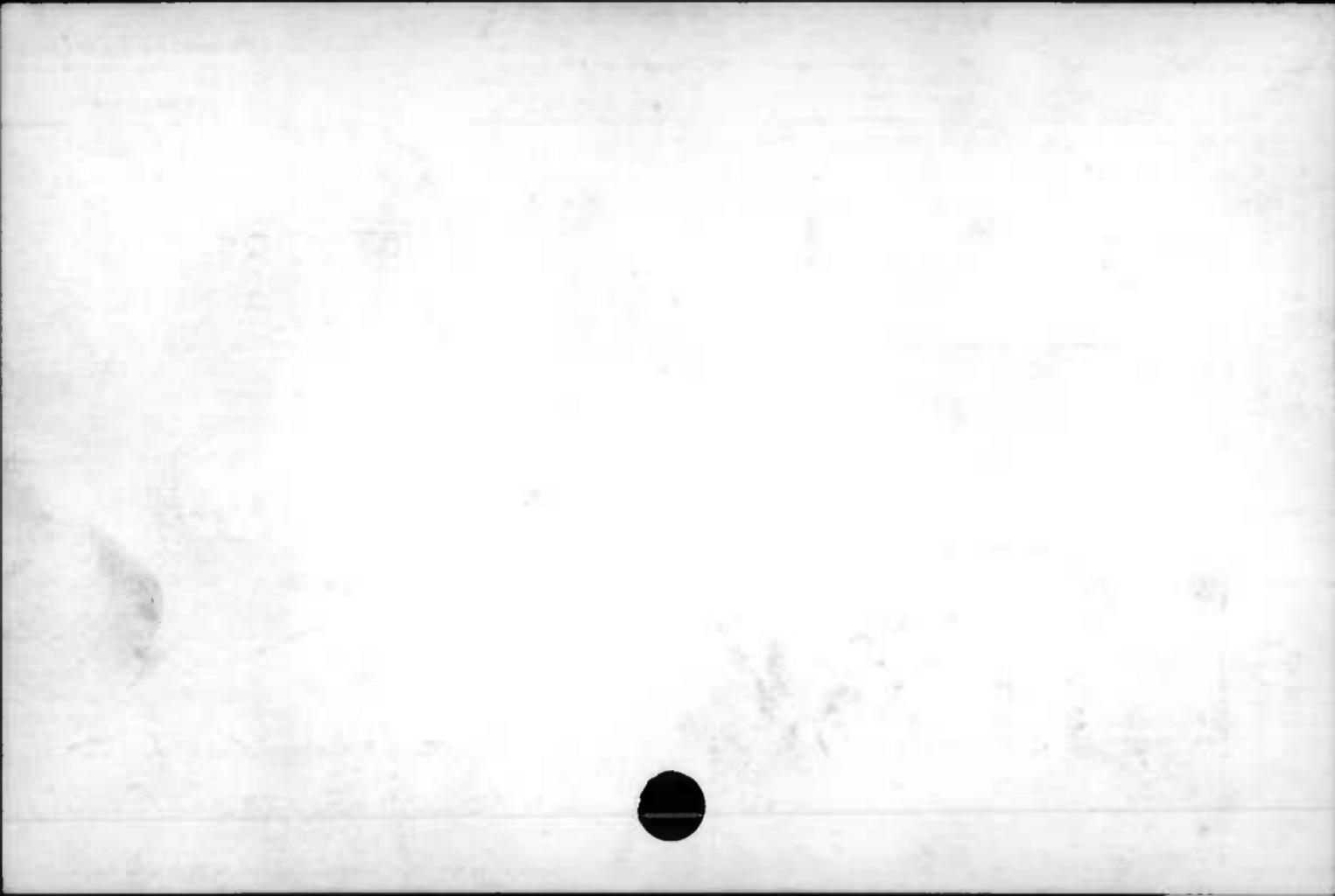
Signature of
Physician

Address

Mrs Richardson
Williamsport Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Perry T. Prather.

CERTIFICATE OF DEATH

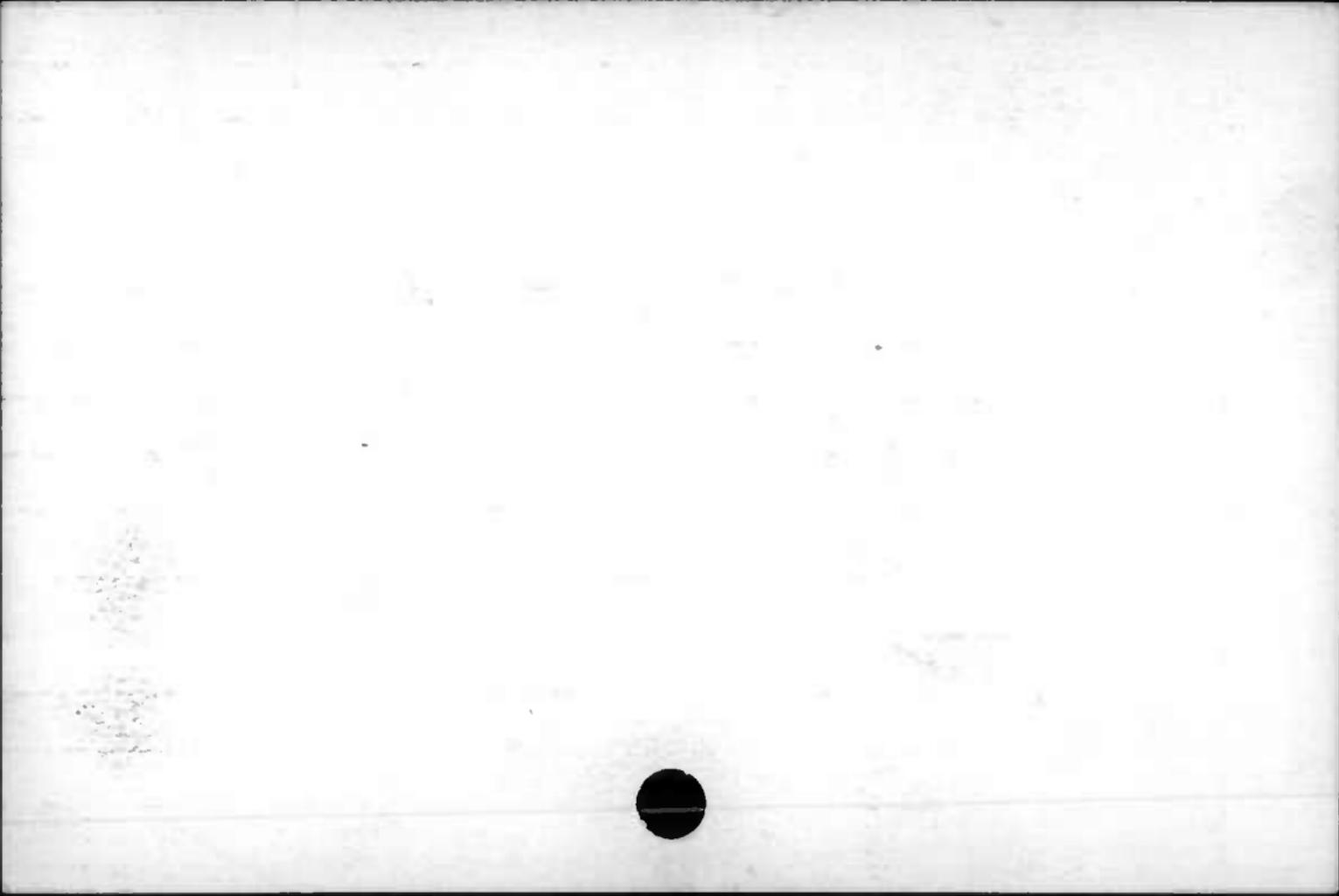
Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					

1905 11 10 69 — —
Male White Maryland
Merchant Clear Spring
Single Maggie Stiney
Basil Prather. Clear Spring
Temperance Mason Licking Creek
Geo. T. Prather. Son

CAUSES OF DEATH

Primary	Pulmonary tuberculosis		How long
Immediate	Heart failure		How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician
			Address
			Accident or Suicide?

Six months
Ten days
Abraham Frank
Clear Spring
Washington Co. Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Nancy Reed

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1905	Month 11	Day 23	Years 11	Months -	Days -
Sex	Female	Color or Race	Colored		Birth-place	Md
Occupation	House Work		Where Residing if not at place of death		~	
Married, Single or Widowed	Single	Name of Wife or Husband			Father's Birthplace	Na
Father's Name	Henry Reed				Mother's Birthplace	Na
Mother's Maiden Name	Annie Carter		(B3)		How related to deceased	Daughter
Name of person giving information	Annie Reed					

CAUSES OF DEATH

Primary	Acute diffuse Myelitis		How long	2 weeks.
Immediate	Respiratory Failure		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		YES	Signature of Physician	R. M. Maguire
			Address	Hagerstown, Md.
Accident or Suicide?		920,		

Dr. W. H. Johnson

Name
in
Full

David R. Roessner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

1905 11 13 2 9 5

Male White Md

Occupation _____

Where Residing if not at place of death _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name J. F. Roessner

Father's Birthplace Md

Mother's Maiden Name Vinona Thumm

Mother's Birthplace Md

Name of person giving information J. F. Roessner

How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Scald	(16)	How long
Immediate	Shock	(16)	How long

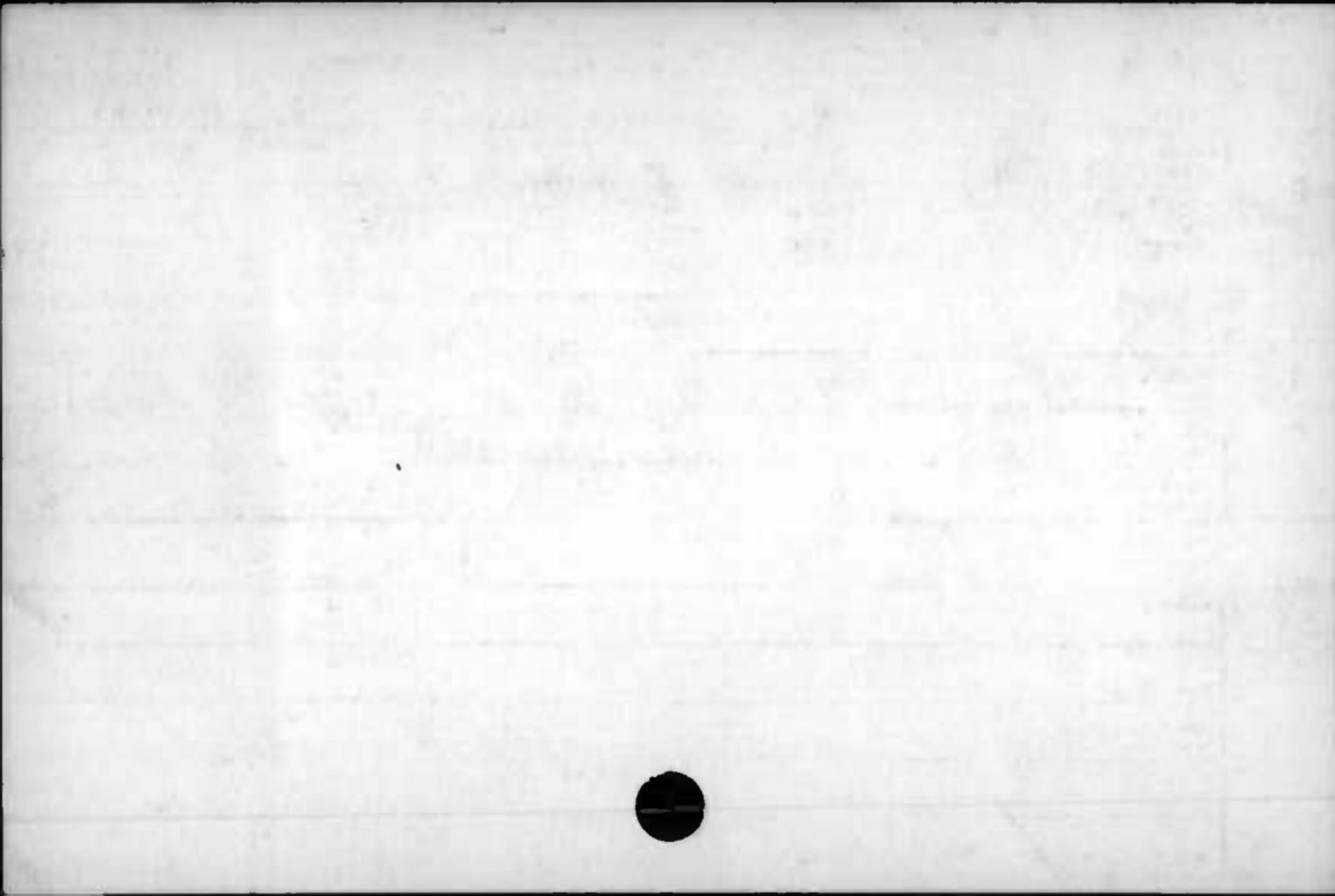
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. J. Harlan
69 Water Street

Accident or Suicide?



Name
in
Full

Infant-Son Howard Rubek

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Occupation			Where Residing If not at place of death		
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Father's Birthplace	
Mother's Maiden Name	Howard Rubek		Aurie May Hase	Mother's Birthplace	
Name of person giving Information				How related to deceased	
Ind Ind, Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *S.* How long

Immediate *Still born* How long

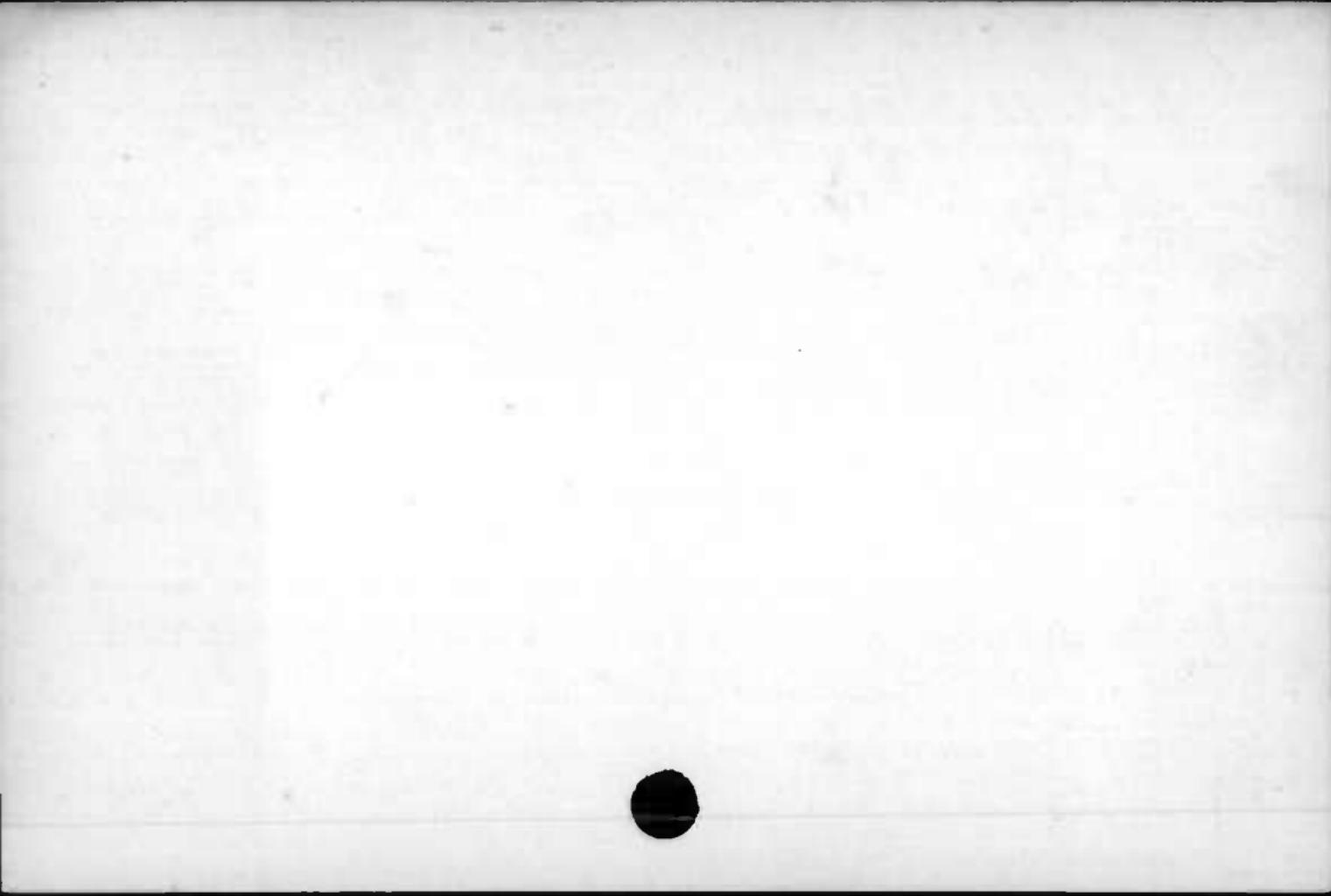
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Abraham Shank
Clearspring
Washington Co.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs. Annie Sheets
Daggettown Washington

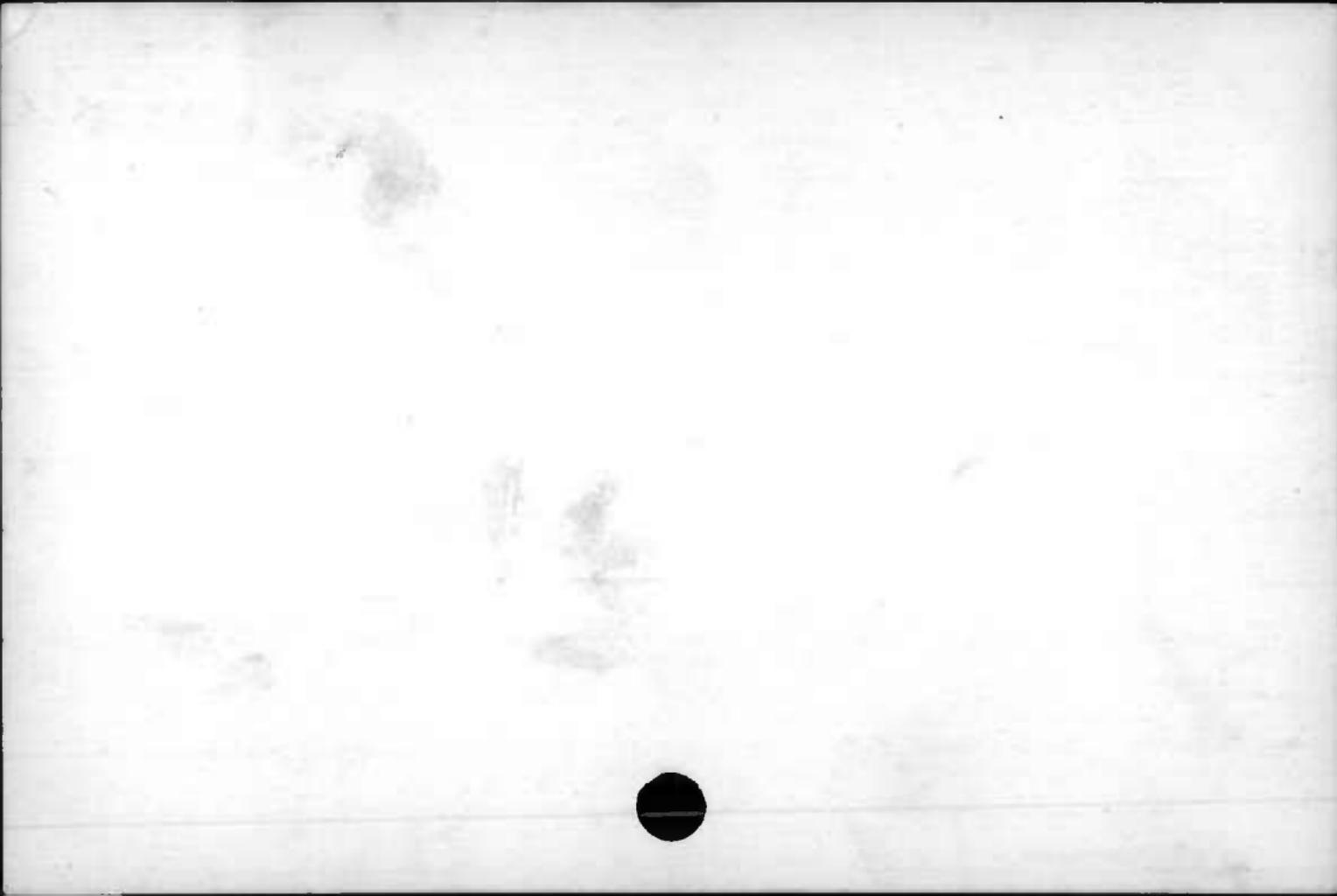
CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Edward Sheets			
Father's Name	Jesse George				
Mother's Maiden Name	Dont know				
Name of person giving information	George H. Hager				
CAUSES OF DEATH					
Primary	An Infection Disease Probable Typhoid Unknown				
Immediate	Exhaustion & Cardiac Failure one day				
Are the name, age, sex, color, date and place correctly given above?					
Signature of Physician					
Address					

yes
no.

B.M. Daggett
Daggettown Md.



Name
in
Full

To BE ANSWERED BY

NEAREST FRIEND

Still Born Babe Shelton N.Y.

CERTIFICATE OF DEATH

Died at

Town

near Bakerville Washington

County

MARYLAND

Date
of death

1905

Month

Nov.

Day

10

Years

X

Months

X

Days

-

Sex

Male

Color or
Race

White

Birth-
place

near Bakerville

Occupation

X

Where Residing if not
at place of death

X

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Wilber Shelton

Father's
Birthplace

No

Mother's
Maiden Name

Mary Davis

Mother's
Birthplace

No

Name of person giving
Information

Wilber Shelton

How related
to deceased

A Father

CAUSES OF DEATH

Primary

Still Born

S.

How long

-

Immediate

-

How long

-

Are the name, age, sex, color, date
and place correctly given above?

Yes

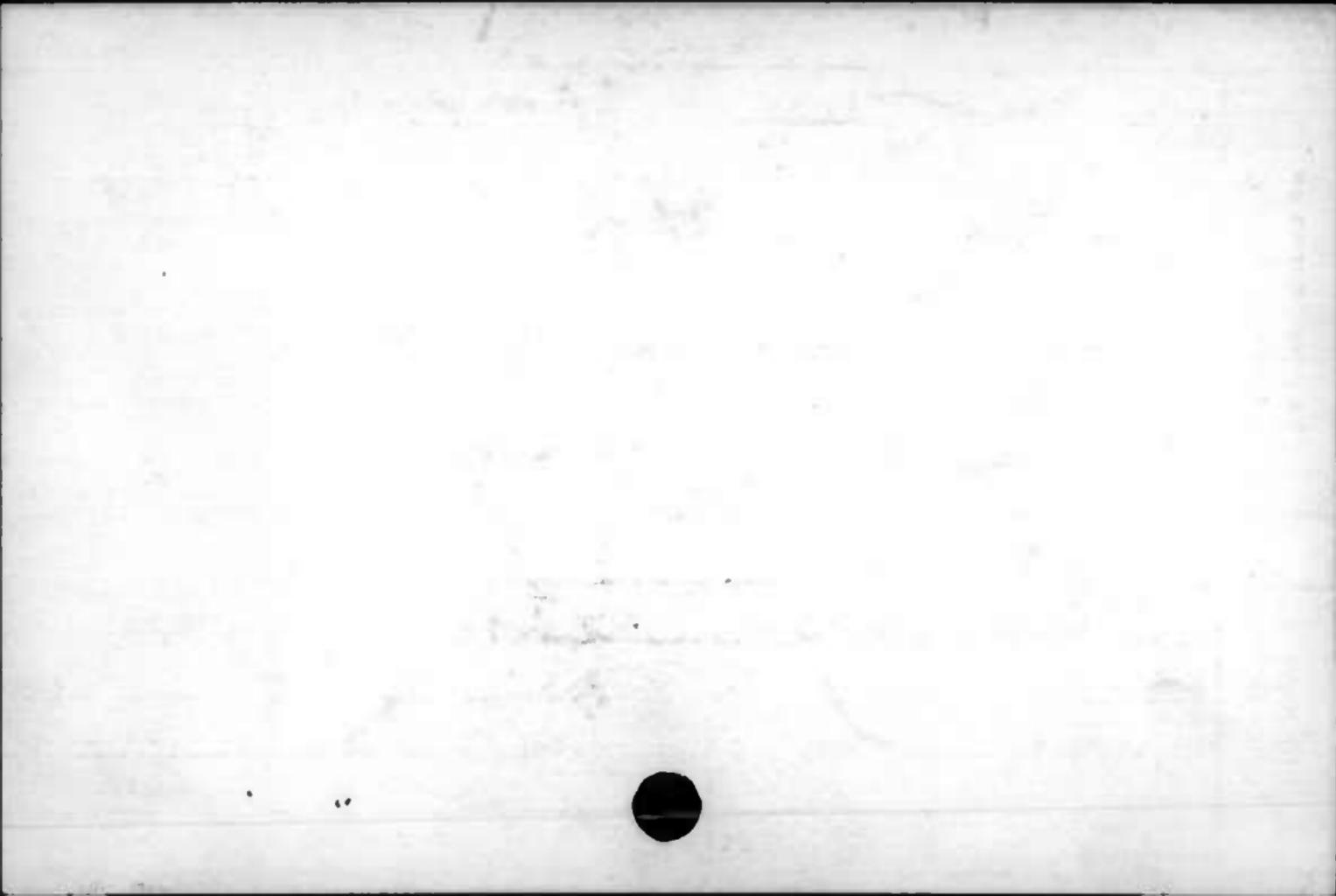
Signature of
Physician

J. H. Gaudet

Address

Sharpstown Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1905	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	32	1	3	
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband		Mrs A Shuler			
Father's Name		W H Albert		Father's Birthplace			
Mother's Maiden Name		E. Miller		Mother's Birthplace			
Name of person giving Information		Mrs A Shuler		How related to deceased			

CAUSES OF DEATH

Primary

Apoplexy

How long

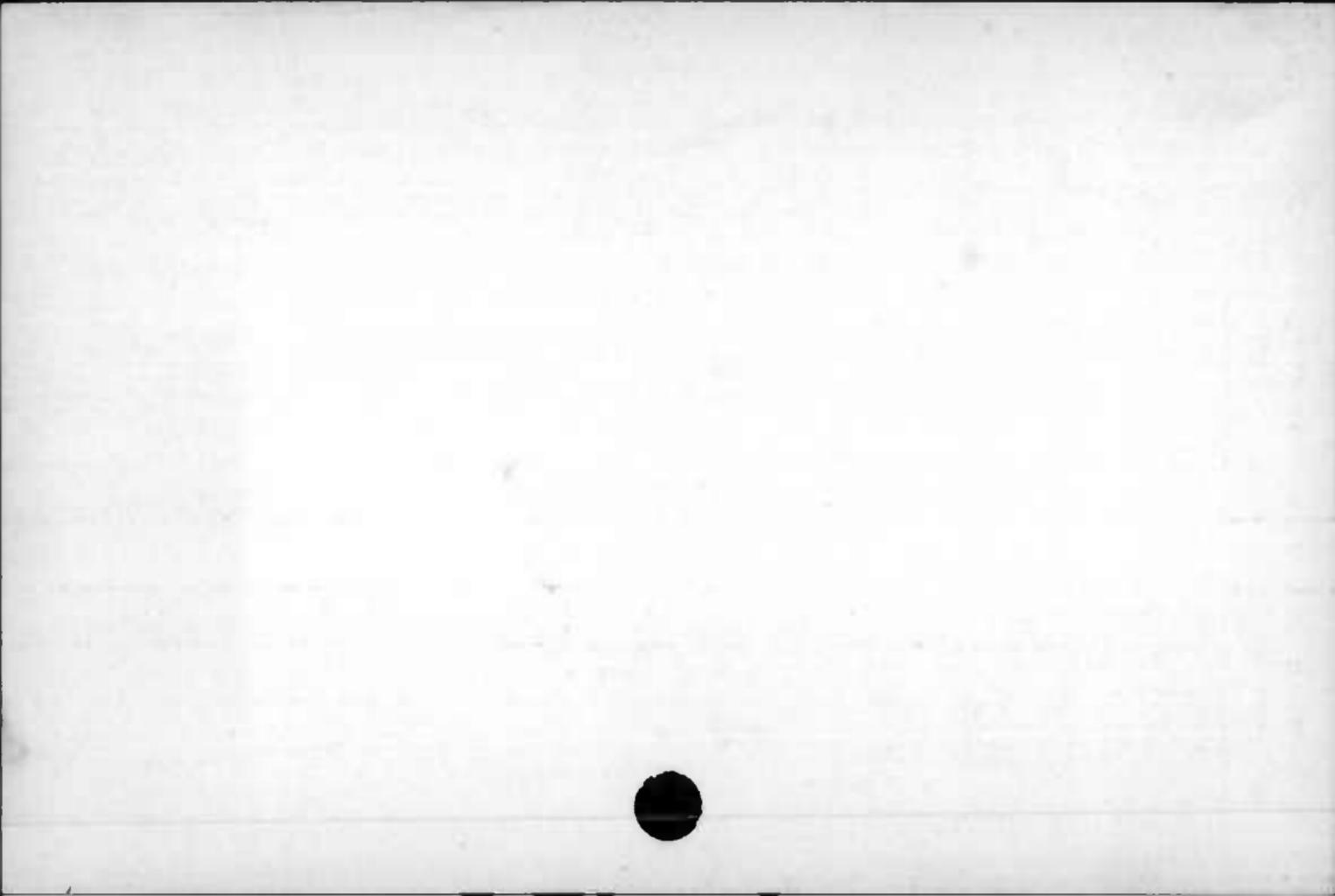
5 hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Susan Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1905	11	5	84 6 3
Sex	Female	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Harrison B Smith
Father's Name	Andrew Wagener		Pa
Mother's Maiden Name	— don't know		
Name of person giving Information	Harry Smith		son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Disentery

VX

How long

Two Weeks

Immediate

General fibrilley

How long

Two months

Are the name, age, sex, color, date and place correctly given above?

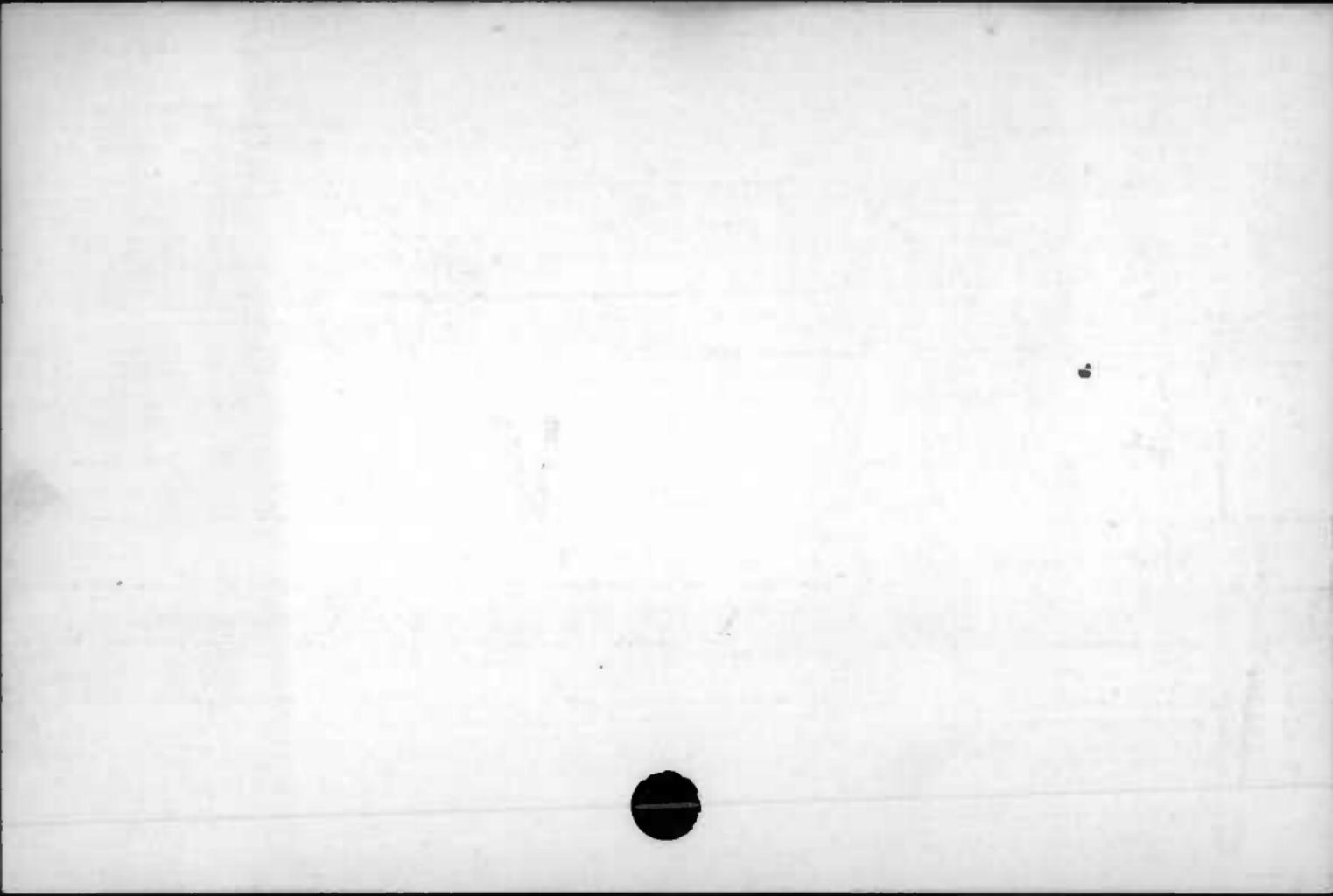
yes

Signature of Physician

Address

J.S. Pittsburgh

Accident or Suicide?



Name
in
Full

Philip C. Snyder

CERTIFICATE OF DEATH

* TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Anna Filch				
Mother's Maiden Name	Simon Snyder				
Name of person giving information	Sophia Cross				
John Snyder (V) Brother					
CAUSES OF DEATH					
Primary	Pulmonary Tuberculosis			How long	3 years
Immediate	Failing Heart			How long	6 mos

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes

L.M. Reichard
Fairplay

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Edward Lewis Stouffer

CERTIFICATE OF DEATH

Died at Maplesville Town

County Washington

MARYLAND

Date of death 1905 Month Nov

Day 17

Years —

Months —

Days 8

Sex Male Color or Race White

Birth-place Maplesville

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name Howard Stouffer

Father's Birthplace Nash. Co.

Mother's Maiden Name Carrie Gaylor

Mother's Birthplace Maplesville

Name of person giving
Information Edward Stouffer

How related
to deceased Grandfather

CAUSES OF DEATH

Primary

How long

Immediate Catarrhal Bronchitis

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

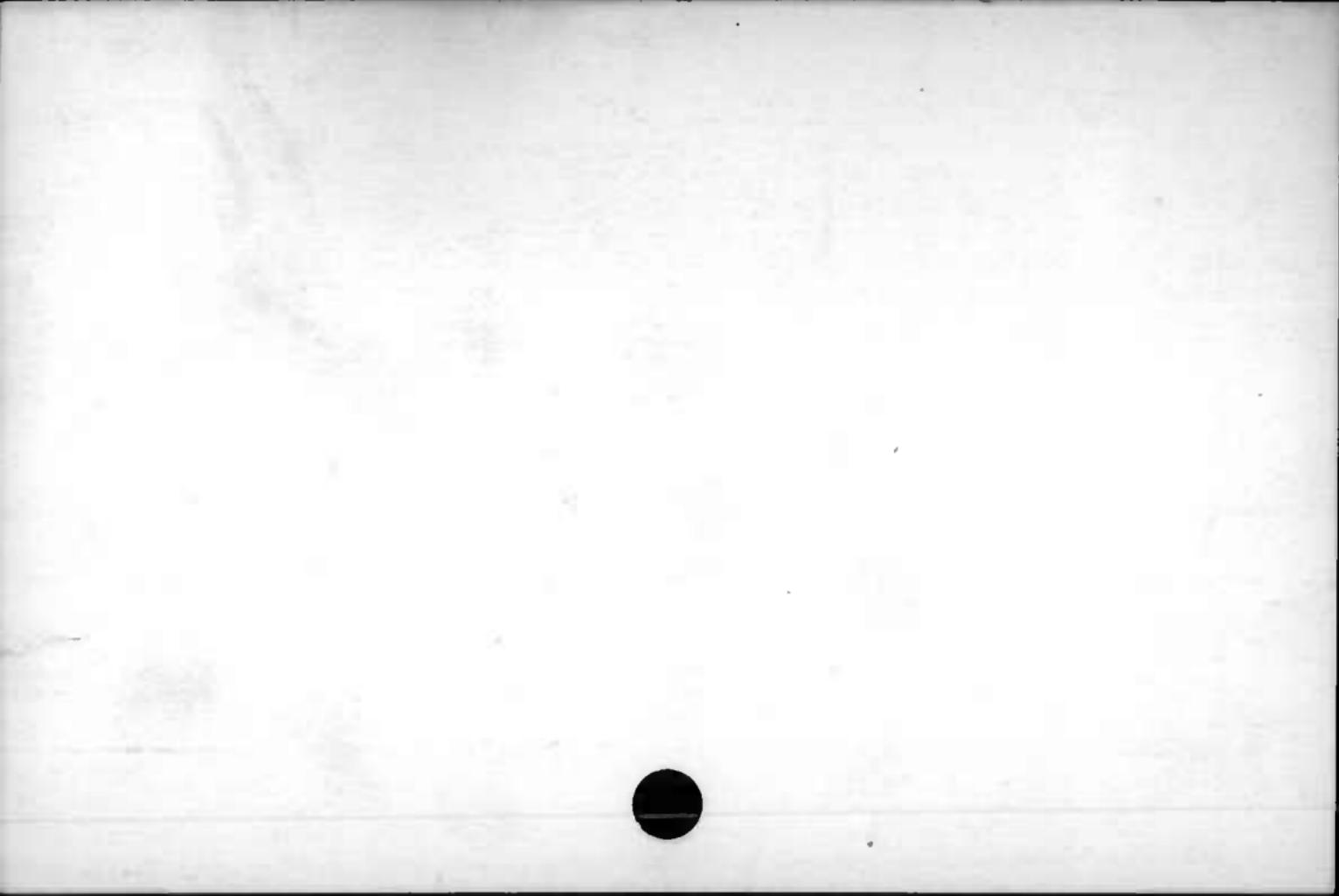
Signature of
Physician

E. S. Smith

Address

Brownboro
2nd

Accident or Suicide?



Name
in
Full

Eunice Swiegart

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Hagerstown		Town	County Washington		MARYLAND	
Date of death	1903	Month 11	Day 24	Years 44	Months	Days
Sex Female	Color or Race White			Birth-place Pa		
Occupation House work	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband David Swiegart					
Father's Name James Naudrew			Father's Birthplace Pa			
Mother's Maiden Name Loup Kuong			Mother's Birthplace Pa			
Name of person giving Information	How related to deceased			Husband		

CAUSES OF DEATH

Primary	Placenta Previa	How long	12 hours
Immediate	Albuniania	How long	6 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	D.P. Zimmerman
		Address	Hagerstown Md.
Accident or Suicide?			

to Janerwan

Macedonia
Pa

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>near Hancock</u>		County <u>Washington</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov</u>	Day	Years <u>68</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Licking Creek</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>near Hancock</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Robert Terry</u>	Father's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u>Bridget McGuire</u>	Mother's Birthplace <u>Ireland</u>				
Name of person giving information <u>Robert Terry</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Double Lobar Pneumonia

How long

6 days

Immediate

Pleuresy

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

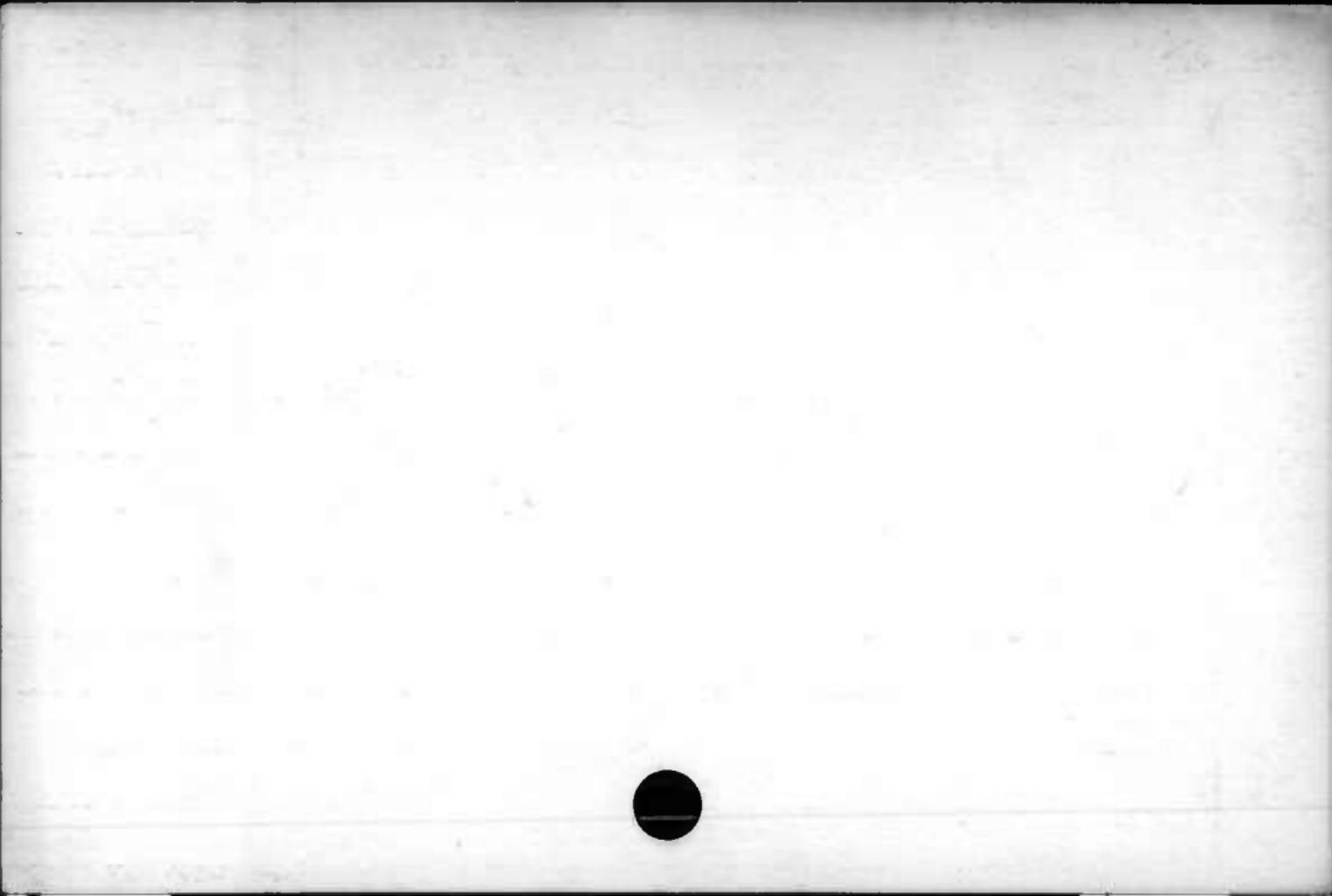
Signature of Physician



Address

H.C. Tabler
Hancock

Accident or Suicide?



Name
in
Full "

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Diana Miles

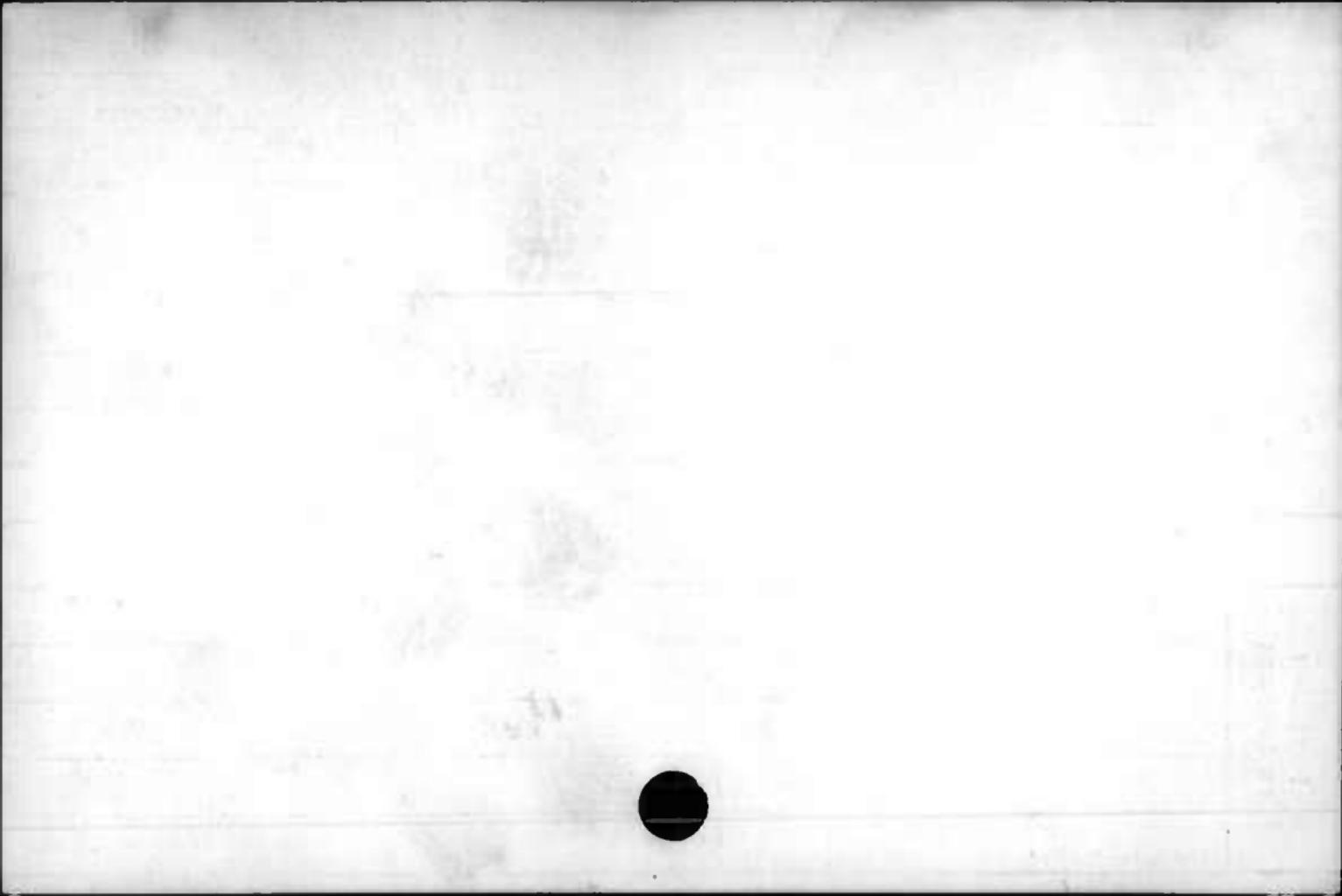
Ringold Town

CERTIFICATE OF DEATH

Died at	Month	Day	County	MARYLAND	
Date of death	190	Nov. 2	Years	Months	Days
Age	10				
Sex	Male	Color or Race	White	Birth-place	Ringold
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Miles				
Mother's Maiden Name	Somerset Menty				
Name of person giving information	J. P. Menty				
Father's Birthplace Ringold					
Mother's Birthplace Hagerstown					
How related to deceased Uncle					

CAUSES OF DEATH

Primary	Appendicitis	How long	4½ days
Immediate	Rupture of appendix and peritonitis	How long	18 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A.B. Sollenberger
Address			Maywood, Pa
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Silas Wofensberger

CERTIFICATE OF DEATH

MARYLAND

Died	Town	County			
near Hagerstown		Wash.			
Date of death	Month	Day	Years	Months	Days
1905	11	3	63	4	18
Sex	Color or Race	white	Birth-place		
Occupation	Where Residing if not at place of death	X			
Married, Single or Widowed	Name of Wife		Father's Birthplace		
George Woffensberger	Ezavine Woffensberger		Mother's Birthplace		
Mother's Maiden Name	Magdalene Lunn	(15)	How related to deceased		
Name of person giving information	Chas. Woffensberger		brother.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Carcinoma Pancreas small no's

How long

How long

Immediate

"

1 mo.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Wm. R. Miller
Hagerstown

Accident or Suicide?

Dalm chs

Name
in
Full

Annie M. Zimmerman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Washington County			MARYLAND		
Died at Millstone	Month Nov.	Day 14	Years 26	Months "	Days 5	
Date of death 1903	Age	Color or Race	Birth-place			
Sex Female	Where Residing if not at place of death	Died at Home				
Occupation Wife	Name of Wife or Husband	Lloyd H. Zimmerman				
Married, Single or Widowed Married	Father's Name John Reed	Father's Birthplace Wash Co Md				
Mother's Maiden Name Lucy Dickerhoff	Mother's Birthplace "					
Name of person giving information Lloyd H. Zimmerman	How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption (W)

How long

6 mo.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Cleveland Rogers
House of Orgs.

Accident or Suicide?

